

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

APPLICATION FOR APPOINTMENT

DIRECTOR,
FEDERAL BUREAU OF INVESTIGATION,
UNITED STATES DEPARTMENT OF JUSTICE,
WASHINGTON, D. C.

SPRINGFIELD ILLINOIS

APRIL 15, 1941

SIR:

I hereby make application for appointment to the position indicated by check mark, in the Federal Bureau of Investigation, United States Department of Justice, and for your use in this connection submit the following information:

Special Agent (Law Trained)	☒	**
Special Agent (Accountant)	☐	**
Special Employee	☐	**
Stenographer	☐	**
Typist	☐	
Translator	☐	
Messenger	☐	**
Laboratory Technician*	☐	**
Student Fingerprint Classifier	☐	

(This application should be typewritten if possible)

(Indicate by check)

1. Name in full (please print) Cox Paul Leslie
(Family name) (Given name) (Middle name)

(a) Female applicants must furnish maiden name

2. Legal residence 721 South 7th Street Springfield, Illinois

3. Mail and telegraphic address same Phone No. 6611 Ext. 678

4. Complete date Sept. 6, 1906 Weight 153 Height 5' 9" Color White
of birth (Without Shoes)

5. Place of birth 1030 East Main Street Richmond, Indiana Indianapolis

6. (a) Father's name George W. Cox (b) Father's birthplace Richmond, Indiana
(c) Present address Huntington, Indiana

7. (a) Mother's maiden name Alma Walters (b) Mother's birthplace Decatur, Illinois
(c) Present address Huntington, Indiana

8. If you were not born in United States, how long have you lived here?

9. Are you a citizen of the United States? Yes

10. If naturalized, date and place of naturalization

11. Are you single, married, widowed, separated, or divorced? Married

12. If your husband (or wife) is employed, state where employed Not employed

13. Number of children, if any None

14. Are you entirely dependent on your salary? Yes

15. To what extent are you financially indebted to others and to whom? None

*Specify exact title of position sought as Laboratory Technician.

**Positions of Special Agent (Law Trained), Special Agent (Accountant), Laboratory Technician, Special Employee, and Messenger for male applicants only.

See details on separate description sheets which will be furnished on request.

16. Education: (Please print.)

	NAME AND LOCATION OF SCHOOL	FROM—	TO—	COURSES PURSUED, DIPLOMAS OR DEGREES RECEIVED
(a) Elementary	William Street School Huntington, Indiana	1912	1919	
(b) High school equivalent	Name Huntington High Sch. Address Huntington, Indiana	1919	1923	✓
(c) College or technical	Name Huntington College Address Huntington, Indiana	1923	1925	✓ Pre-law
	Indiana University Bloomington, Indiana	1925	1928	✓ L.L.B.
(d) Foreign Languages Give degree of proficiency as to speaking, reading, writing	None			
(e) Miscellaneous				

17. Give names of clubs, societies, and other similar organizations of which you are a member:

Gamma Eta Gamma

Y.M.C.A.

18. Have you been admitted to the Bar, if so specify *Springfield 1930 Indianapolis* Admitted to the Bar in *Illinois and Indiana.* ✓

19. Describe any physical defects, including extent of defective vision, if any

None

20. Health record for the past 3 years (give number of days and nature of serious illness):

None

* Applicants for Laboratory Technician positions should list in detail scientific courses pursued, using an insert if necessary and give title of any Master's or Doctor's Thesis prepared.

ADDITIONAL INFORMATION

21. EXPERIENCE

Line 3 - While employed at the Chicago Title and Trust Company, I was in charge of Release Department whose principal function was the identification of signatures on the promissory notes as described in the corresponding trust indentures before approving the execution of Release Deeds by Trustee. Also some accounting experience in the handling of Investment Trusts.

Line 4 - While serving with Mr. Carlson as Assistant Prosecuting Attorney, my experience included investigation of local crimes, more particularly at that time the enforcement of the prohibition laws, as well as general law practice.

Line 5 - During the years 1932-1938 I worked both in Chicago and Huntington, handling some legal matters that were left over from my practice. However, the main portion of my time was spent in the Exhibit and Display field with a location at the University of Illinois Medical School at Chicago, Illinois. Displays were built for the American Medical Association, American College of Surgeons', State Department of Public Health as well as private manufacturers. A part of this period was also spent in Huntington, Indiana, in the trailer manufacturing business.

Line 6 - For a period of three months each year since I have been with the State Department of Public Health, I have conducted the Venereal Disease program in the CCC camps in the Illinois CCC District at the request of Mr. E. M. Jasper, Educational Adviser, Illinois CCC District Headquarters at Decatur, Illinois. My work has also covered the delivery of over 300 lectures on venereal diseases each year and the lecturing and talking to county fair groups, schools, etc. throughout most every county in the state. A share of the time has also been devoted to the preparation of legal material that might arise in the general administration of the department.

21. Experience: (Please print.)

NAME AND ADDRESS OF EMPLOYER	POSITION AND KIND OF WORK	FROM—	TO—	ANNUAL SALARY
<i>Chicago</i> Name Denoyer-Geppert Co. Address Chicago, Illinois	Clerical	Summer employment years 1927 and 1928	✓	\$1150 (1)
<i>"</i> Name Solberg, Rummel & Address Winans-Chicago, Ill.	Law clerk	Mar. 1, 1929	June 1, 1929	\$900 (2)
<i>"</i> Name Chicago Title & Trust Address Chicago, Illinois	Clerical & law	June 30, 1929	Nov. 1 1930 ✓	\$1800 (3)
<i>Indianapolis</i> Name Lawrence E. Carlson Address Huntington, Indiana	Asst. Pros. Atty. & law	Nov. 1, 1930	May 1, 1932 ✓	About \$900 (4)
<i>Chicago</i> Name In Business for self Address Chicago & Huntington,	Display work & law	May 1, 1932	March 1, 1938 ✓	About \$1000 (5)
<i>Springfield</i> Name State Dept. Public Health Exhibits, Address Springfield, Ill.	Lecturing & administration.	March 1, 1938	To date ✓	\$2400 (6)
Name Address				
Name Address				
Name Address				

22. Specify any arrests (include traffic arrests).....None

22 A. Specify any arrests of immediate family.....None

23. Have you ever been a defendant in any court action? Yes

Springfield
Specify: *Mary Patrick uncontested*
Complaint for divorce filed in August 1940, *Springfield, Ill.*
grounds of desertion

24. Give five personal references (not relatives, former employers, fellow employees, or school teachers), more than 30 years of age, who are householders or property owners, business or professional men or women (including your family physician, if you have one) of good standing in the community, and who have known you well during the past 5 or more years. (Please print.)

NAME	RESIDENCE ADDRESS	NUMBER OF YEARS ACQUAINTED	BUSINESS ADDRESS.
<i>Indianapolis</i> Russell Huffman	Randolph Street Huntington, Ind.	24 ✓	448 1/2 N. Jefferson St. Huntington, Indiana
<i>Chicago</i> John Kneipple	1333 Ridge Road Wilmette Illinois	20 ✓	LaSalle Station Chicago, Illinois
<i>Indianapolis</i> John S. Thomas	301 West Park Dr. Huntington, Ind.	14 ✓	U. B. Building Huntington, Ind.
<i>"</i> William Bronstein	Tipton Street Huntington, Ind.	17 ✓	211 East State St. Huntington, Ind.
<i>Chicago</i> Dr. George Milles	201 LeMoyné Ave. Oak Park, Ill.	8 1/2 ✓	2753 W. North Ave. Chicago, Ill.

24 A Give residence addresses for past five years.
 703 East Washington St. Huntington, Ind. 533 Wood Ave. Springfield, Ill.
 327 Webster St. Chicago, Ill. Y. M. C. A. Springfield, Ill.
 2047 Lane Court, Chicago, Ill. 721 South 7th Street Springfield, Ill.)

25. List the names of any relatives now in the Government service, with the degree of relationship, and where employed:

None

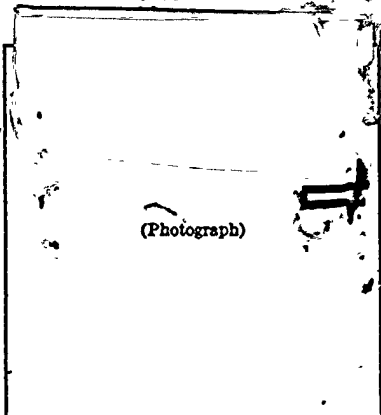
26. What is the lowest entrance salary you will accept? \$3200.00 per year

27. Are you in a position to accept probationary employment at any time, without previous notice, and, if notice is required, how much? About two weeks notice

28. In the event of appointment will you be willing to proceed to Washington, D.C., upon 10 days' notice and at your own expense? Yes

29. If appointed are you willing and prepared to accept assignment or transfer to any part of the United States where services are required, for either temporary or permanent duration? Yes

30. Attach unmounted full face photograph not larger than 3 by 4 1/2 inches. Write your name plainly on back of photograph. Photograph to be taken not more than 30 days prior to date of application. (Application will not be considered complete if such photograph not furnished.)



Respectfully,

Pamela C. Corbin
(Signature of applicant as usually written)

NOTE.—If the applicant desires to make any further remarks or statements concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks in accordance with the original questions.

NOTE.—The following jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U.S. Department of Justice.

Subscribed and duly sworn to before me by the above-named applicant, this 16th day of April, 1941, at city (or town) of Springfield, county of Sangamon, and State (or Territory or District) of Illinois

[OFFICIAL IMPRESSION SEAL]

Jennie P. Johnson
(Signature of officer)

Notary Public
(Official title)

My Commission Expires Jan. 20, 1942.

Application will not be considered complete if above jurat not executed.

APR 22 3 31 PM '41



OCT 24

Wah
Feld

2175

2175

COX, PAUL L.

(SUBJECT)

67-207288

(FILE NO.)

☐ ALL SERIALS, EXCEPT THOSE REMAINING IN FILE AND THOSE LISTED AS CHANGED ON THIS SHEET, WERE "SKIPPED" OR WERE REMOVED FROM FILE AND DESTROYED IN ACCORDANCE WITH AUTHORITY CONTAINED IN

☒ FOLLOWING SERIALS WERE REMOVED FROM FILE AND DESTROYED IN ACCORDANCE WITH AUTHORITY CONTAINED IN

66-818-5388

2, 4, 5, 10, 13, 15, 16, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31
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51, 52, 53, 54, 55, 56, 57, 58, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69
70, 71, 72, 73, 74, 77, 78, 79, 81, 82, 83, 85, 86, 87, 88, 90, 91, 92
93, 95, 96, 98, 99, 100, 101, 103, 106, 107, 109, 111, 113, 114
115, 118, 120, 122, 123, 124, 126, 127, 128, 129, 130, 132, 133, 134
135, 137, 138, 139, 141, 142, 143, 144, 145, 146, 148, 150, 154, 156
157, 158, 160, 161, 166, 168, 169, 170, 174, 176, 177, 178, 180, 181
184, 185, 186

(TAB CARD IN THE NUMBERING UNIT
INDICATES ACTION TAKEN)

DATE 10/17/77INITIALS STM

Assistant Director
Administrative Services Division

5/16/78

Legal Counsel

1 - Mr. Bassett
1 -
1 -
1 -

b6
b7c

HOUSE SELECT COMMITTEE ON
ASSASSINATIONS (HSCA)

PURPOSE: The purpose of this memorandum is to advise that the below listed employees have been released from their employment agreements.

DETAILS: To date, staff attorneys of the HSCA have conducted a number of interviews of Special Agents and former Special Agents in connection with the Committee's investigation into the assassination of Dr. Martin Luther King, Jr. Additional requests for agent interviews have been submitted by letters to the Attorney General from G. Robert Blakey, Chief Counsel and Director, HSCA. These agents, their offices of assignment or last known address, and the date of interview request are as follows:

<u>AGENT</u>	<u>OFFICE OF ASSIGNMENT OR LAST KNOWN ADDRESS</u>	<u>DATE OF REQUEST</u>
Richard E. Long	FBIHQ	4/28/78
Edward J. McDonough (Former)	411 Prince Street Alexandria, Virginia 836-1265	4/28/78

DOC/TWB/pfm (21)

CONTINUED - OVER

- 1 - Personnel file of Richard E. Long
- 1 - Personnel file of Edward J. McDonough
- 1 - Personnel file of Wilbur L. Martindale
- 1 - Personnel file of Clement L. McGowan, Jr.
- 1 - Personnel file of James R. Malley
- 1 - Personnel file of Cartha D. DeLoach
- 1 - Personnel file of Courtney Evans
- 1 - Personnel file of Robert E. Wick
- 1 - Personnel file of Fred J. Baumgardner
- 1 - Personnel file of Joseph A. Sizoo
- 1 - Personnel file of Charles D. Brennan
- 1 - Personnel file of James F. Bland
- 1 - Personnel file of Richard William Corman
- 1 - Personnel file of Paul L. Cox

67-NOT RECORDED

3 JUL 12 1978

MEMORANDUM TO THE ASSOCIATE DIRECTOR
 RE: HOUSE SELECT COMMITTEE ON ASSASSINATIONS (HSCA)

AGENT	OFFICE OF ASSIGNMENT OR LAST KNOWN ADDRESS	DATE OF REQUEST
Wilbur L. Martindale (Former)	Post Office Box 1391 Sedona, Arizona (602) 282-3962	4/28/78
Clement L. McGowan, Jr. (Former)	311 63rd Place Cheverly, Maryland 773-0092	4/28/78
James R. Malley (Former)	1015 Crestwood Drive Alexandria, Virginia KI9-5371	4/28/78
Cartha D. DeLoach (Former)	96 Perkins Road Greenwich, Connecticut Conn. (914) 253-3027 (w)	4/28/78
Courtney Evans (Former)	3800 North Fairfax Drive Arlington, Virginia 293-6400 (w)	4/28/78
Robert E. Wick (Former)	1444 Grove Road Charlottesville, Virginia (804) 977-2331	4/28/78
Fred J. Baumgardner (Former)	10008 3rd Street Louisville, Kentucky	4/28/78
Joseph A. Sizoo (Former)	84A Pine Crescent Whispering Pines, North Carolina (919) 949-2922	4/28/78
Charles D. Brennan (Former)	487 North Owen Alexandria, Virginia 370-3751	4/28/78
James F. Bland (Former)	4310 Rosedale Avenue Bethesda, Maryland OL2-4671	4/28/78
Richard William Corman (Former)	2717 North Oakland Arlington, Virginia 524-2192	4/28/78
Paul L. Cox (Former)	104 Skyline Circle Satellite Beach, Florida (305) 777-0799	4/28/78

MEMORANDUM TO THE ASSISTANT DIRECTOR
ADMINISTRATIVE SERVICES DIVISION
RE: HOUSE SELECT COMMITTEE ON ASSASSINATIONS (HSCA)

The above agents will be telephonically advised by the Legal Liaison and Congressional Affairs Unit, Legal Counsel Division, and Congressional Inquiry Unit, Records Management Division, of the interest of the Committee and, prior to interview, Legal Counsel representatives will provide these agents with a briefing as to the scope and limitations of the interview.

RECOMMENDATIONS:

(1) That the Legal Counsel Division make appropriate notification to current employees regarding this matter.

(2) That the Congressional Inquiry Unit, Records Management Division, make appropriate notification to former employees regarding this matter.

NOTIFICATION OF PERSONNEL ACTION

Commission
FPM Chap. 205

5. PART
50-124-04

(FOR AGENCY USE)

1. NAME (CAPS) LAST-FIRST-MIDDLE COX, PAUL L. (MR.)		MR.-MISS-MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) 9-6-06	4. SOCIAL SECURITY NO. 314-46-7411
5. VETERAN PREFERENCE 1 1-NO. 3-10 PT. DISAB. 5-10 PT. OTHER 2-5 PT. 4-10 PT. COMP.			6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
9. FEGLI 1 1-COVERED 2-INELIGIBLE 3-WAIVED			10. RETIREMENT 1 1-CS 3-FS 5-OTHER 2-FICA 4-NONE		11. (FOR CSC USE)
12. CODE NATURE OF ACTION RETIREMENT (20 YEARS INVESTIGATIVE EXPERIENCE)			13. EFFECTIVE DATE (Mo., Day, Year) cb 4-26-68		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
15. FROM: POSITION TITLE AND NUMBER Supervisory Special Agent #31-F-114 160			16. PAY PLAN AND OCCUPATION CODE GS Series 1311	17. (a) GRADE OR LEVEL 15	(b) STEP OR RATE 8
			18. SALARY \$22,695 pz		
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER		21. PAY PLAN AND OCCUPATION CODE	22. (a) GRADE OR LEVEL	(b) STEP OR RATE	23. SALARY
24. NAME AND LOCATION OF EMPLOYING OFFICE					

25. DUTY STATION (City-county-State)			26. LOCATION CODE		
27. APPROPRIATION S. & E., FBI		28. POSITION OCCUPIED 1-COMPETITIVE SERVICE 2 2-EXCEPTED SERVICE	29. APPORTIONED POSITION FROM: TO: STATE 1-PROVED-1 2-WAIVED-2		

30. REMARKS:	A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING			
	B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:			
SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED, CHECK IF APPLICABLE:		C. DURING PROBATION	D. FROM APPOINTMENT OF 6 MONTHS OR LESS	

At his request, he voluntarily retired in view of Section 6 (c) of the Civil Service Retirement Act.

Annuity payments to commence 4-27-68.

Employee gave no reason for retiring--no other information available.

Forwarding Address: 2101 Ingraham Street

16 MAY 29 1968 Hyattsville, Maryland 20782

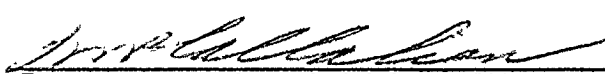
Paid hereon for the period 4-21-68 thru cb 4-26-68. Lump sum payment to cover 699 hrs. commencing 4-27-68 and ending 3 hrs. on 6-28-68. 2 holidays included.
bob art

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE J. E. Hoover Director	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE 4-29-68	
33. CODE DJ 02	EMPLOYING DEPARTMENT OR AGENCY FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C. 20535		

4. PERSONNEL FOLDER COPY

U.S. GOVERNMENT PRINTING OFFICE 1968 - 282-798

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees' Group Life Insurance Act

1. FULL NAME OF EMPLOYEE (Last) (First) (Middle) COX, PAUL L.		2. DATE OF BIRTH (MONTH, DAY, YEAR) 9-6-06
3. CHECK THE REASON FOR TERMINATING INSURANCE (a) ☐ SEPARATED (c) ☐ DIED (b) ☒ RETIRED (d) ☐ 12 MONTHS NON-PAY STATUS OTHER (Specify) ☐ Declined optional insurance WAS EMPLOYEE AT TIME OF DEATH AN APPLICANT FOR CIVIL SERVICE RETIREMENT? ☐ YES ☐ NO		
4. CHECK APPROPRIATE BOX CONCERNING S. F. 54, DESIGNATION OF BENEFICIARY (a) ☐ CURRENT S. F. 54 ATTACHED (b) ☒ A CURRENT S. F. 54 IS NOT ON FILE WITH THIS AGENCY (c) ☐ A CURRENT S. F. 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)		
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN FREE LIFE INSURANCE, ATTACH CURRENT S. F. 54, IF ANY, TO ORIGINAL S. F. 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF S. F. 56; IF NO CURRENT S. F. 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT S. F. 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT S. F. 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.		
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) 4-26-68	6. ANNUAL COMPENSATION RATE - NOT AMOUNT OF INSURANCE - (CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE) ON DATE IN ITEM 5. \$ 22,695 PER ANNUM	7. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)
8. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS OFFICIAL RECORDS, AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. (SIGN ORIGINAL ONLY)		
 (Personal signature of authorized agency official) N. P. Callahan (Type name of authorized agency official) Federal Bureau of Investigation (Name of agency)		4-26-68 (Date) Assistant Director (Title) Washington, D. C. (Mailing address, including ZIP code, of agency)

SEE OTHER SIDE
FOR

INSTRUCTIONS TO EMPLOYING AGENCY

*orig SF 2810 + copy SF 56 sent to empl
at 2101 Kingham St., Hyattsville, Md. 20782
copies SF 2810, orig SF 56 + orig SF 2809
sent Voucher Stat 4-30-68
mas*

3/mas

INSTRUCTIONS TO EMPLOYING AGENCY

COMPLETION OF CERTIFICATION

1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
 - a. Death.
 - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete S.F. 56 until a finding of disability has been officially made and the employee's separation is in order.
 - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation Act.
 - d. Any other reason, if the employee desires to convert his group life insurance, except under the following circumstances:
 - (1) Employee waived on S.F. 53;
 - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees' Group Life Insurance;
 - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
2. If insurance terminated on account of death, indicate whether the employee had filed an Application for Retirement (S.F. 2801) with the Civil Service Commission.
3. In item 7, give date of Notice of Conversion Privilege (S.F. 55), except that if this form (S.F. 56) is issued in lieu of S.F. 55, give current date. In case of death, leave this item blank.

DISPOSITION OF CERTIFICATION

1. Death of employee—
 - a. Send duplicate copy of Certification immediately to the Office of Federal Employees' Group Life Insurance.
 - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
 - c. If no claim is received, send the original Certification, upon request, to the Office of Federal Employees' Group Life Insurance.
 - d. If the deceased employee has a current designation of beneficiary on file, the designation (S.F. 54) must be attached to the original Certification when it is sent to the Office of Federal Employees' Group Life Insurance.
2. Retirement of employee—
 - a. If the employee is applying for an immediate annuity (with 12 or more years' creditable service, of which at least 5 years are civilian service or for disability), attach the original Certification and current designation of beneficiary, (S.F. 54), if any, to the application for retirement and give duplicate copy of Certification to the employee. [NOTE: In a disability retirement case where the application has already been sent to the Civil Service Commission, attach the original S.F. 56 (and S.F. 54, if any,) to the "FINAL" Individual Retirement Record (S.F. 2806).]
 - b. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the Certification. Retain S.F. 54, if any.
3. Employee in receipt of compensation benefits—
 - a. If the employee is receiving benefits under the FEDERAL EMPLOYEES' COMPENSATION ACT on account of a job incurred disease or injury to himself, have him complete appropriate box on reverse side of the original Certification. Send original Certification and current designation of beneficiary (S.F. 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT AND INSURANCE, WASHINGTON, D. C. 20415, and give duplicate copy of Certification to the employee.
 - b. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the Certification. Retain S.F. 54, if any.
4. All other cases—

Upon request, give the employee the original and duplicate copy of the Certification or mail them to him.
5. In all cases—

Retain file copy of the Certification in the employee's Official Personnel Folder or its equivalent.

PROMPT CERTIFICATION REQUIRED

The time in which an employee may convert his group life insurance to an individual policy is limited. This Certification must be completed and delivered or mailed to him promptly.

April 17, 1968

Paul ... Cor

Mr. William C. Sullivan
Federal Bureau of Investigation
Washington, D. C.

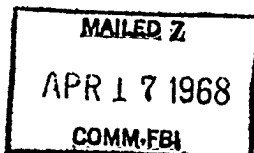
Dear Mr. Sullivan:

I am pleased to commend, through you, the personnel of the Domestic Intelligence Division who did such excellent work in handling the voluminous data engendered by the assassination of Dr. Martin Luther King, Jr.

Without regard for personal convenience and with devotion to duty and loyalty to the Bureau, these employees expeditiously and efficiently handled this high volume of work. I want you to express my deep appreciation to them for their fine services.

Sincerely yours,

J. Edgar Hoover



1 - Mr. Sullivan (Personal Attention)

1 - (Sent Direct)

b6
b7C

LRH:jhb *jhb* (5)

Based on memo Sullivan-DeLoach 4-15-68 re Riots and Disturbances Following Assassination of Martin Luther King, Jr. Racial Matters.

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐

TELETYPE UNIT ☐

DUPLICATE YELLOW

SCA

[Handwritten signature]

REC-141

April 11, 1968

PERSONAL

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

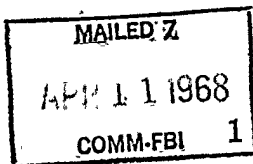
Dear Mr. Cox:

It brings me a pleasure to commend you for your exemplary performance in handling a large volume of data received at the Bureau relative to the assassination of Dr. Martin Luther King, Jr.

The exceptional manner in which you handled all aspects of this matter is a credit to you, as well as to the Bureau. You worked long hours without concern for your personal convenience and I want you to know that I am appreciative.

Sincerely yours,

J. Edgar Hoover



1 - Mr. Sullivan (Personal Attention)

(Sent Direct)

DML

(5)

67-207288

Based on Sizoo to Sullivan memo dated 4/8/68 re Paul L. Cox - Commendation Matter.

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐

TELETYPE UNIT ☐

(M.A. JONES)

73

1014

MEDICAL REPORTS

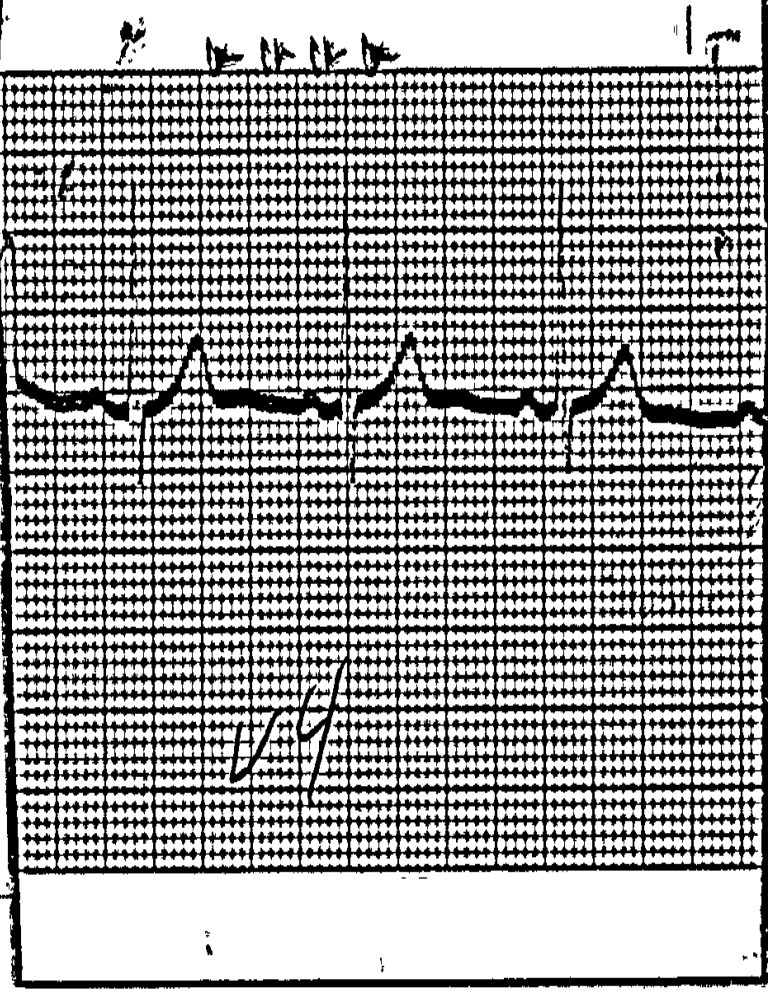
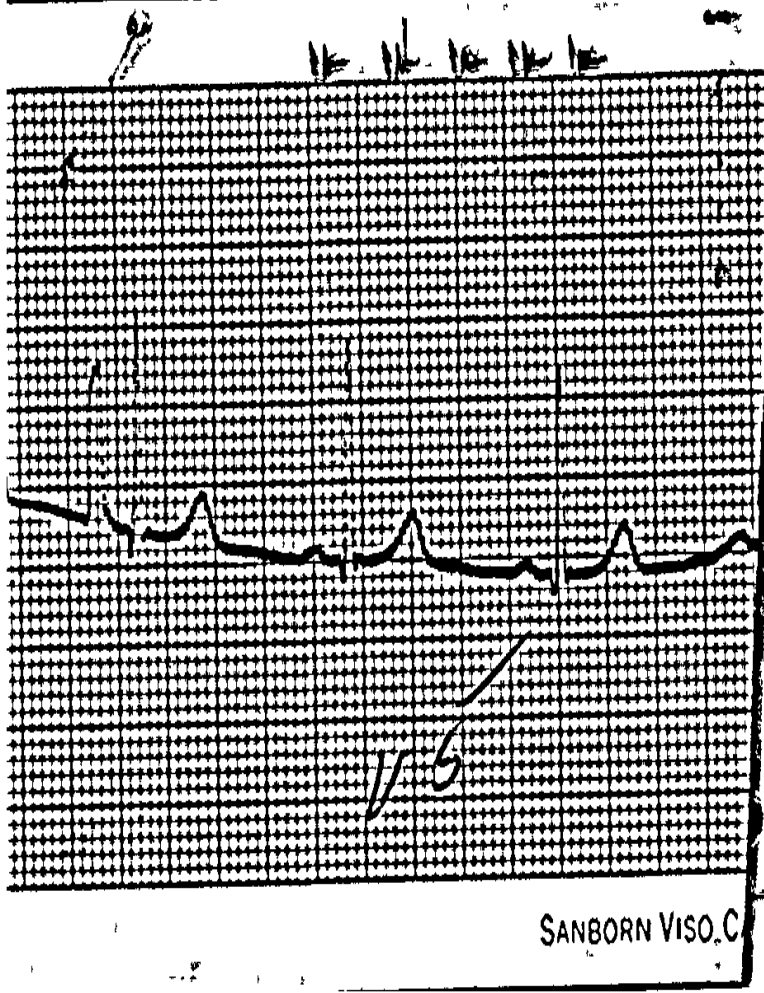
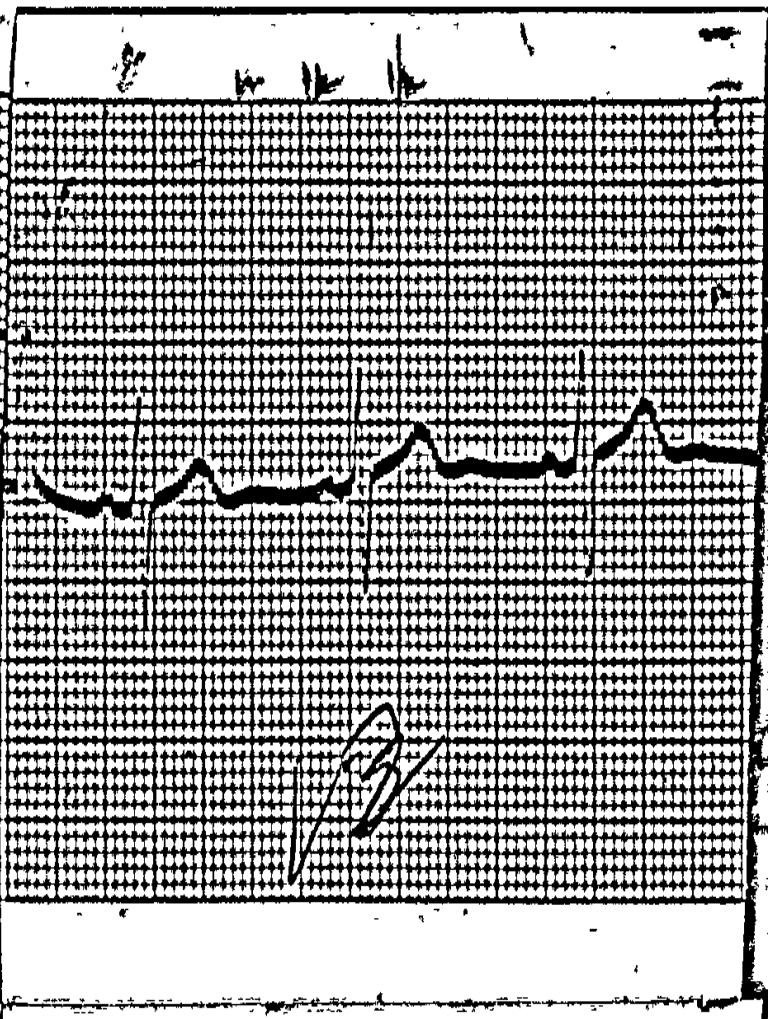
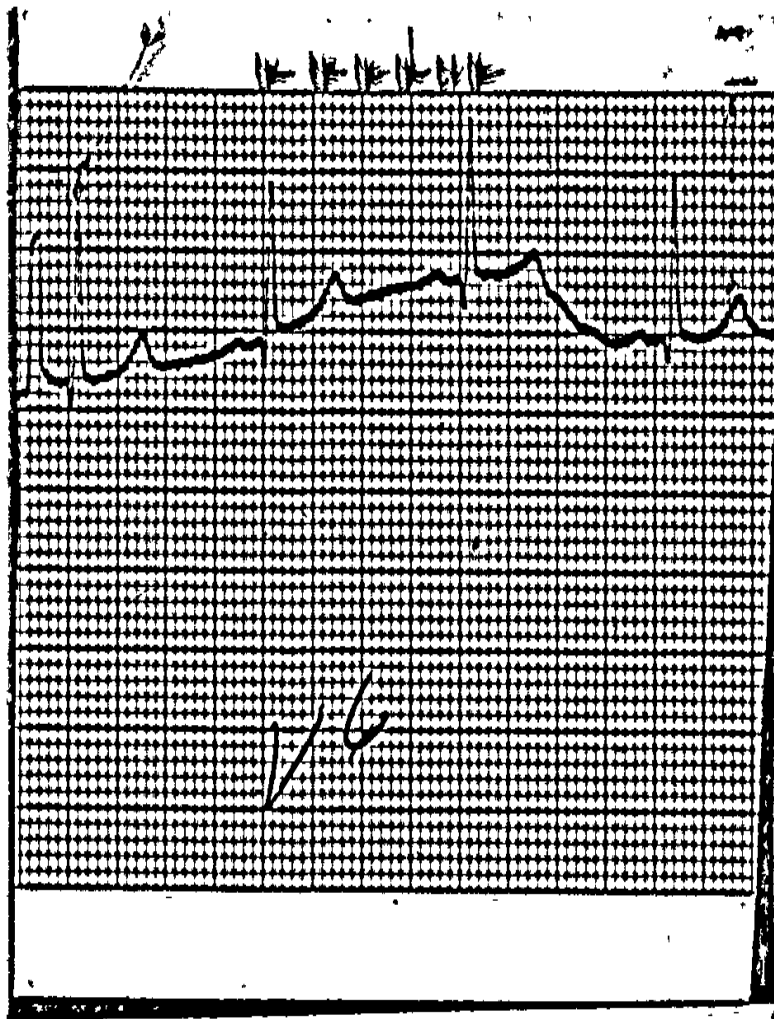
Personnel File of: COX, Paul LESLIE

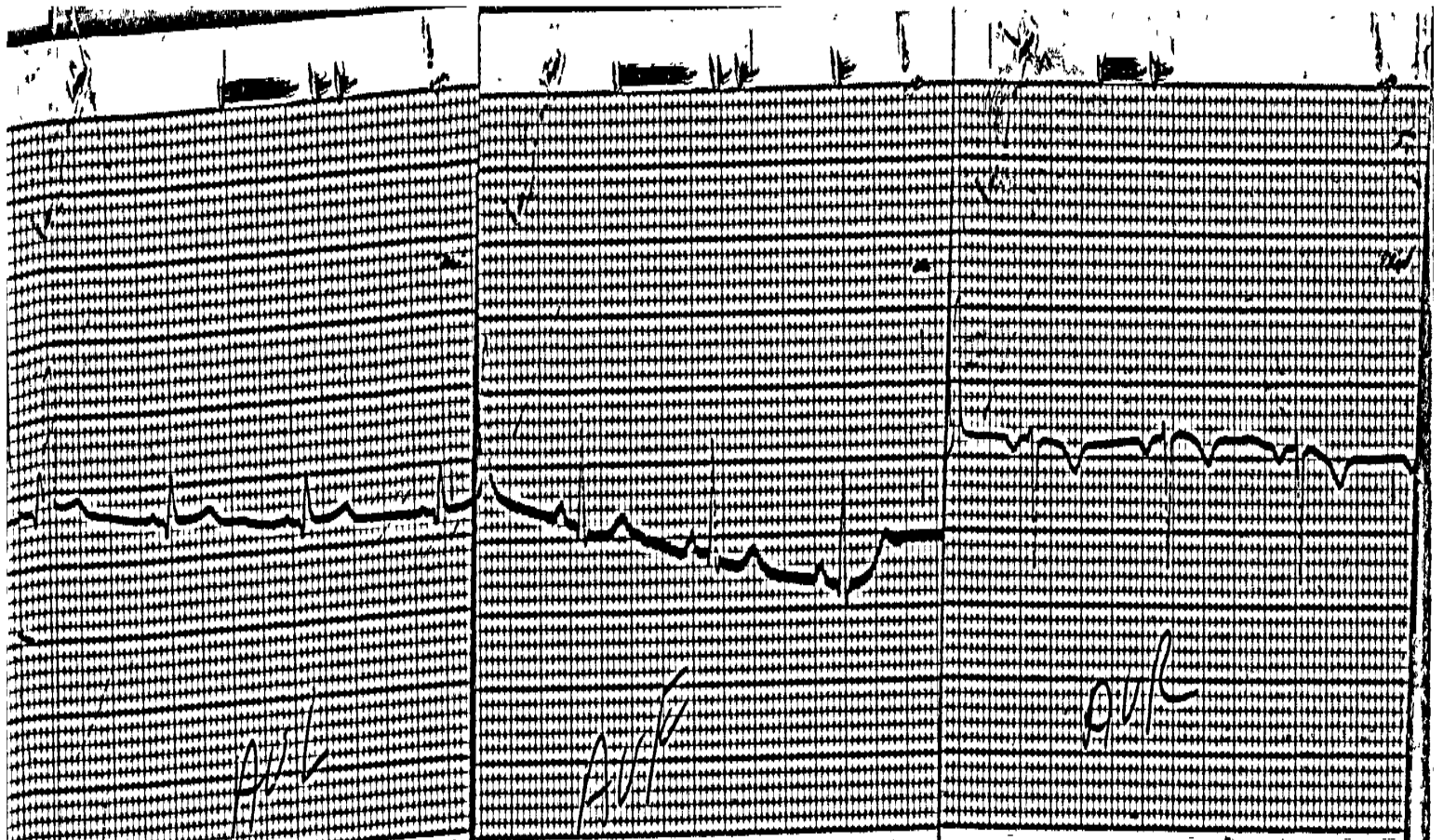
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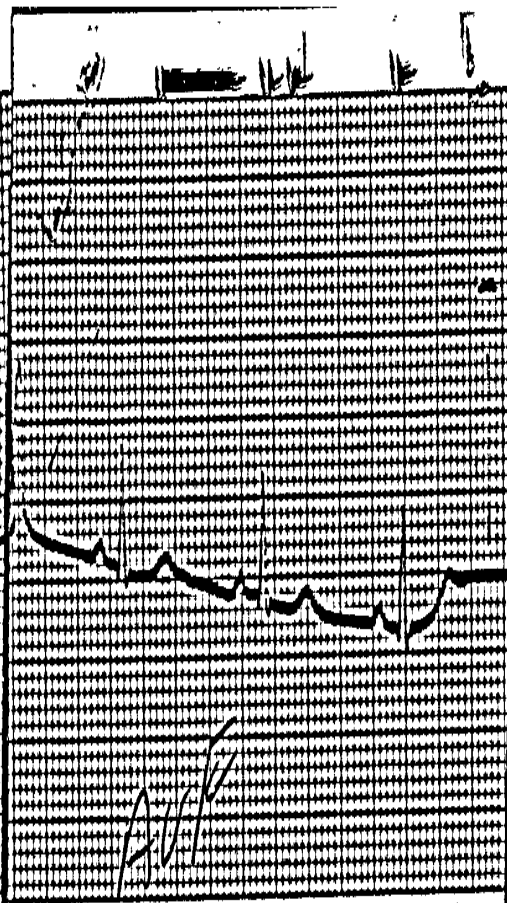
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22

3/H1

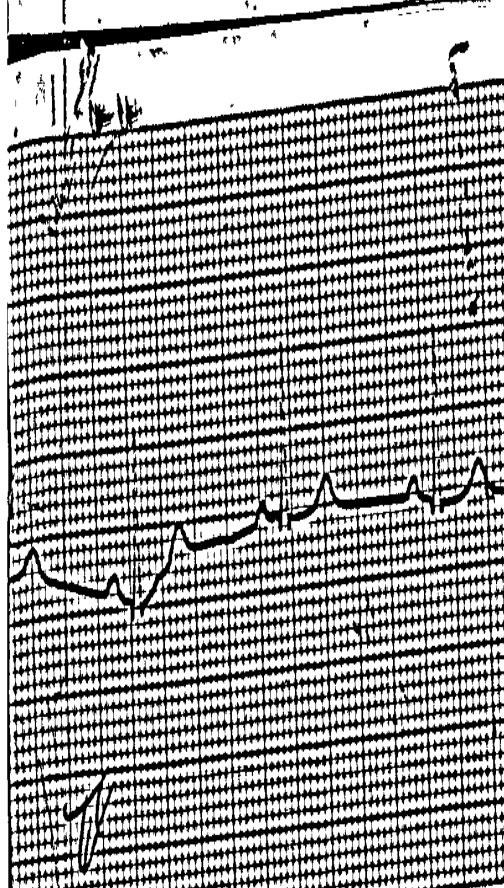
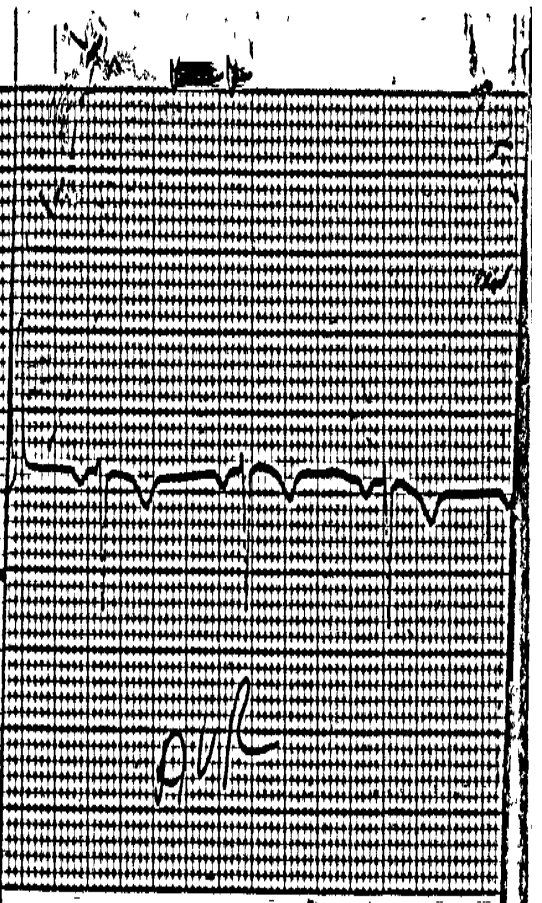




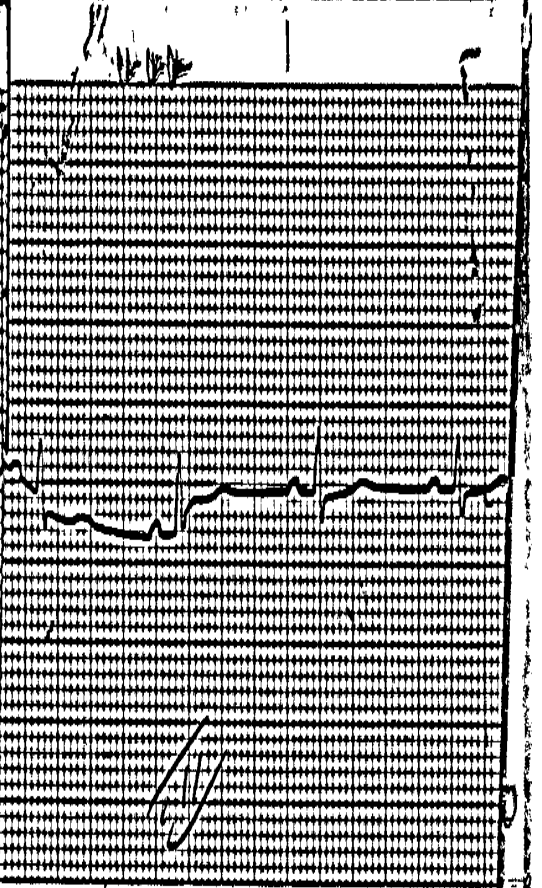
CARDIETTE Permapaper



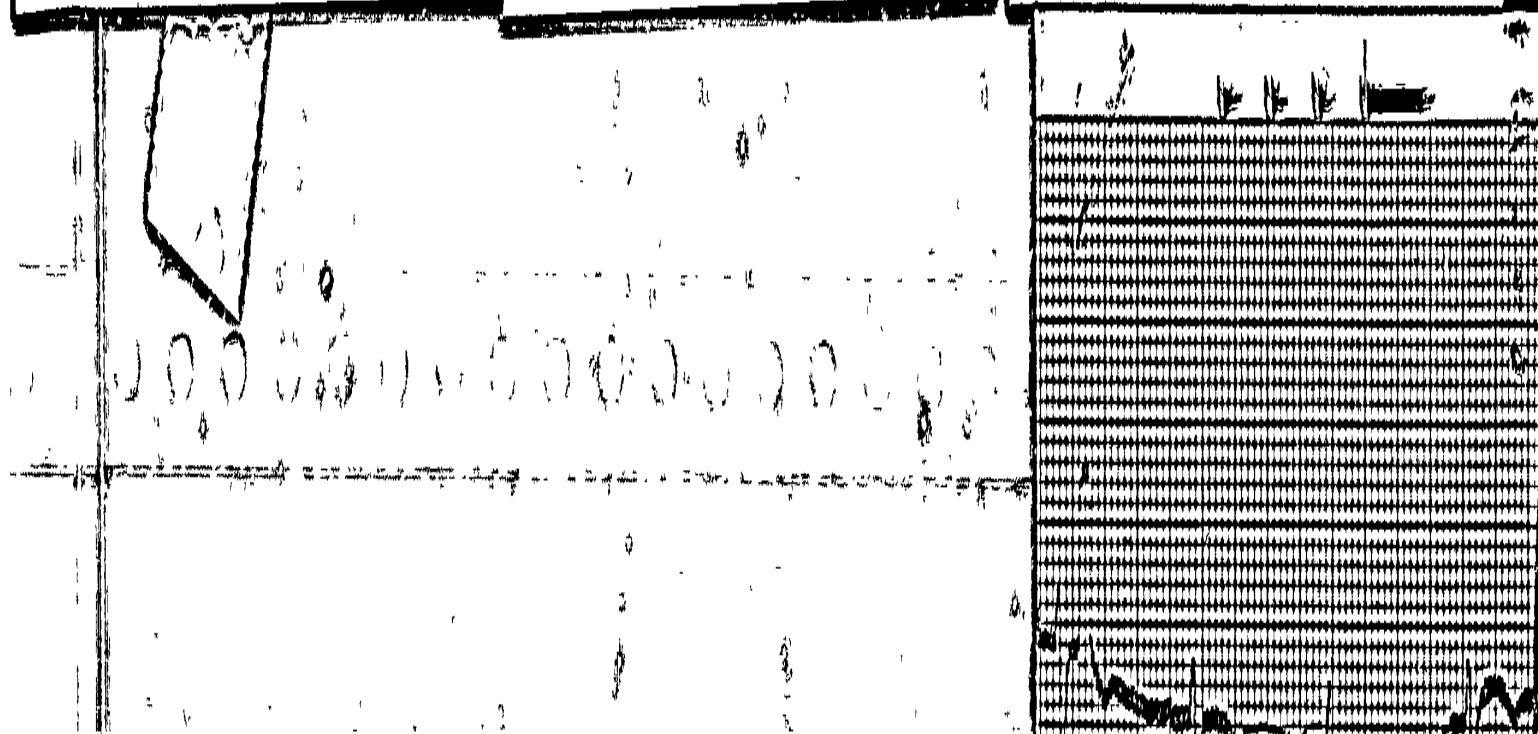
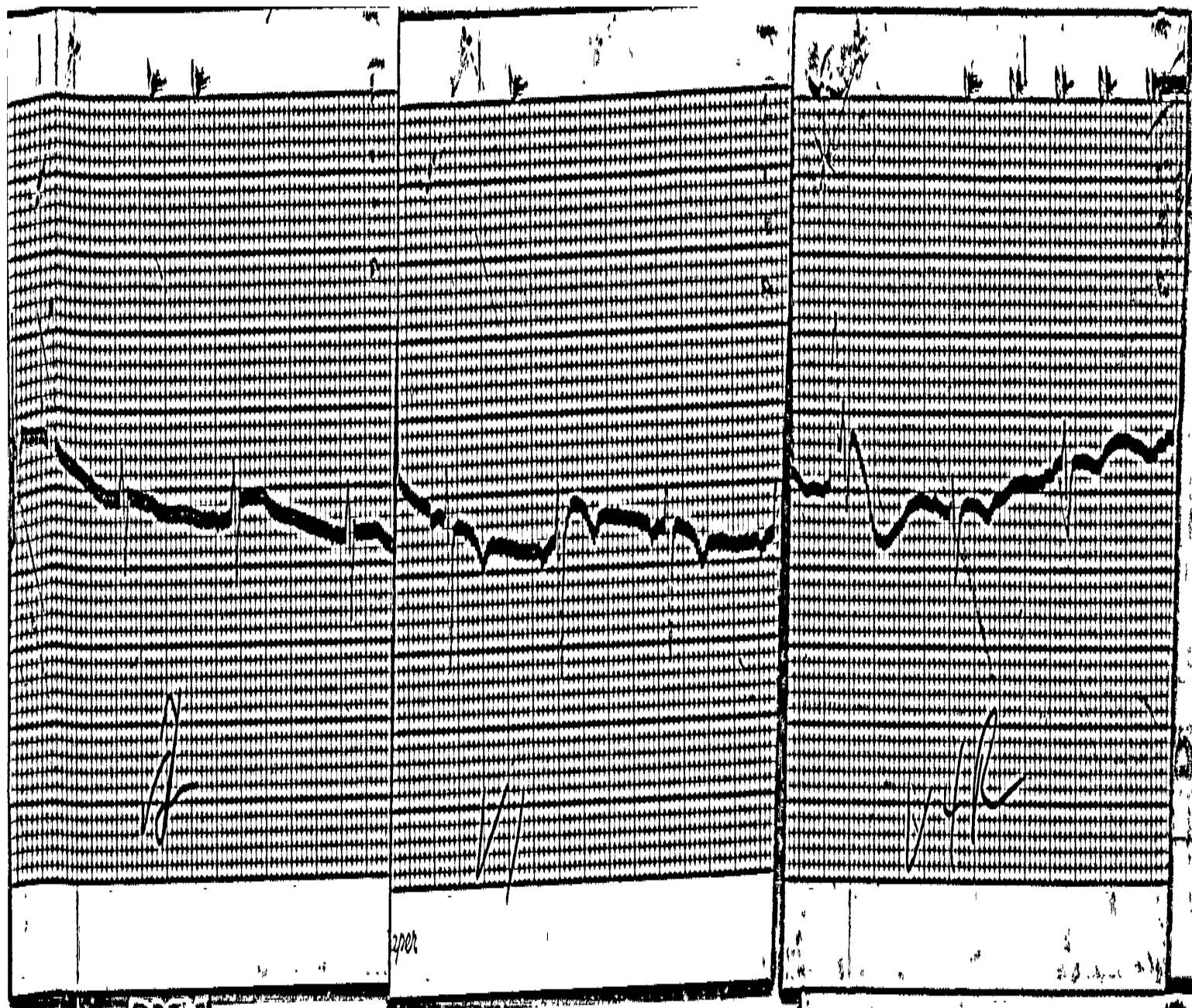
SANBORN VISO



607 Paul
FBI exp 34
2/6/61 @ 1030



SANBORN VISO. CARDIETTE Permapaper



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG ☐ YES ☐ NO	
CLINICAL IMPRESSION				MEDICATION				☐ EMERGENCY ☐ BEDSIDE ☐ ROUTINE ☐ AMBULANT	
AGE 54	SEX M	RACE	HEIGHT 69"	WEIGHT 161	B. P.	SIGNATURE OF WARD PHYSICIAN		DATE 2/6/61 @ 1030	
RHYTHM Normal sinus				AXIS DEVIATION (QRS) +5- +45		RATES AURIC. VENT. 70			
INTERVALS PR .16 QRS .06 QT .38				P WAVES Normal					
QRS COMPLEXES Normal									
RS-T SEGMENT Normal				T WAVES Normal					
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

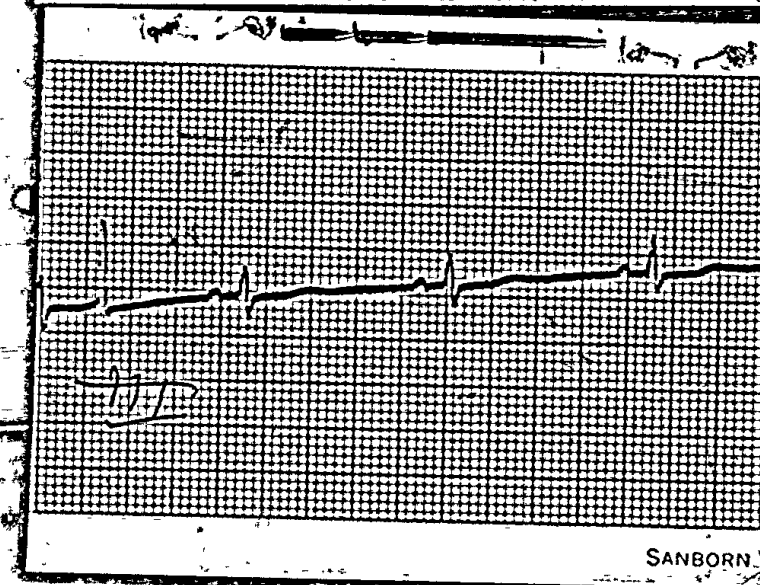
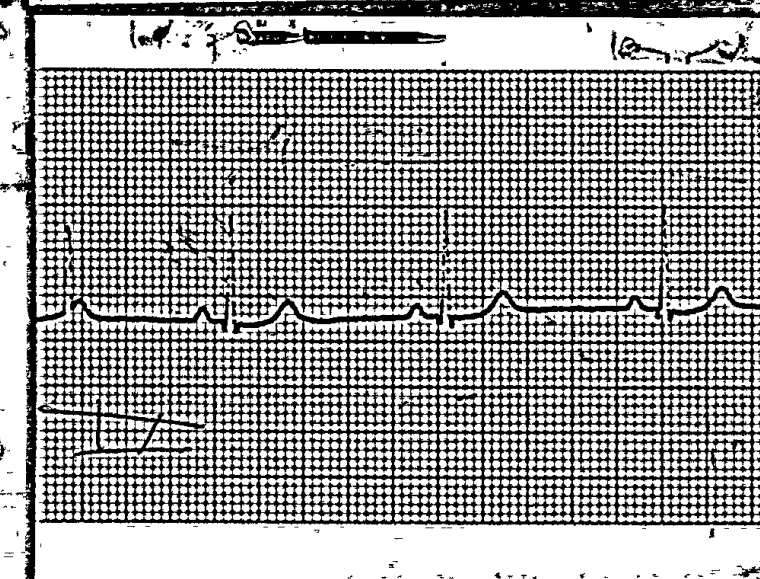
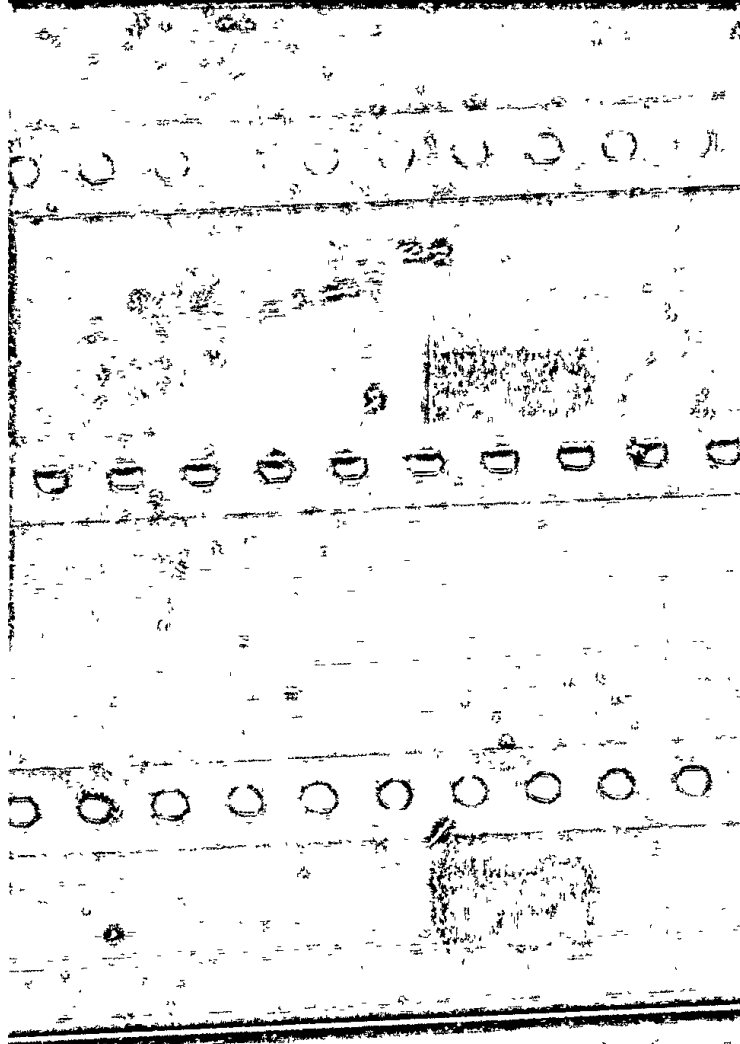
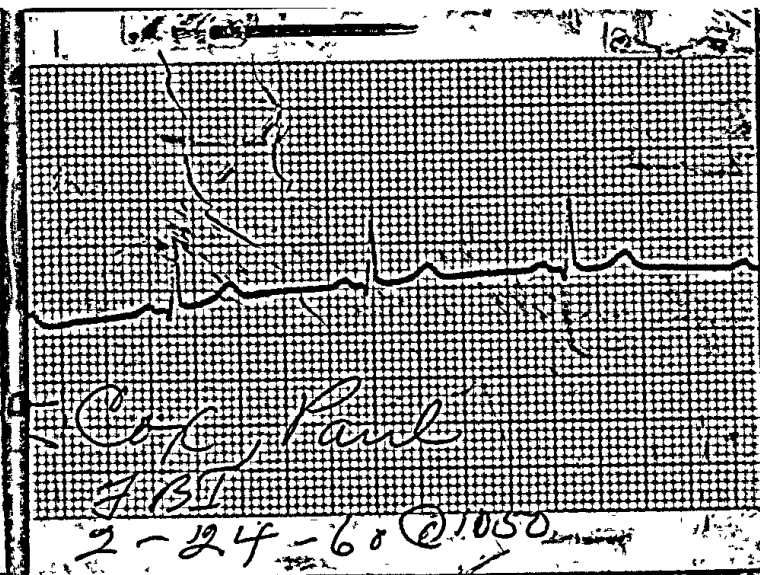
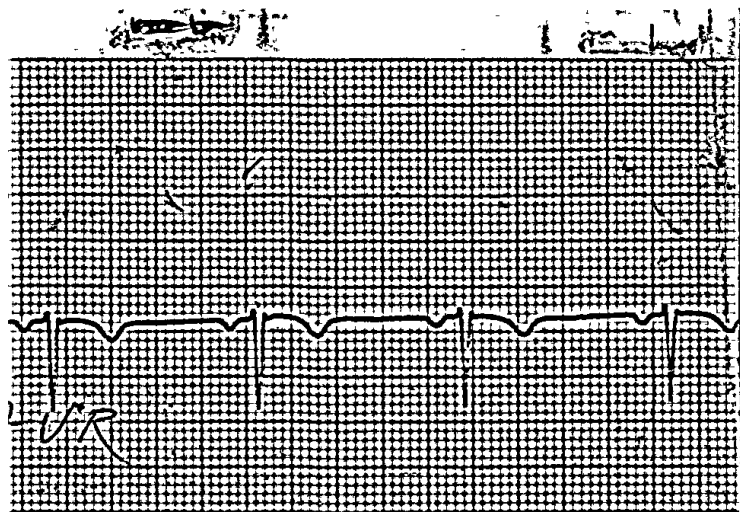
1. Within normal limits.

(Continue on reverse)

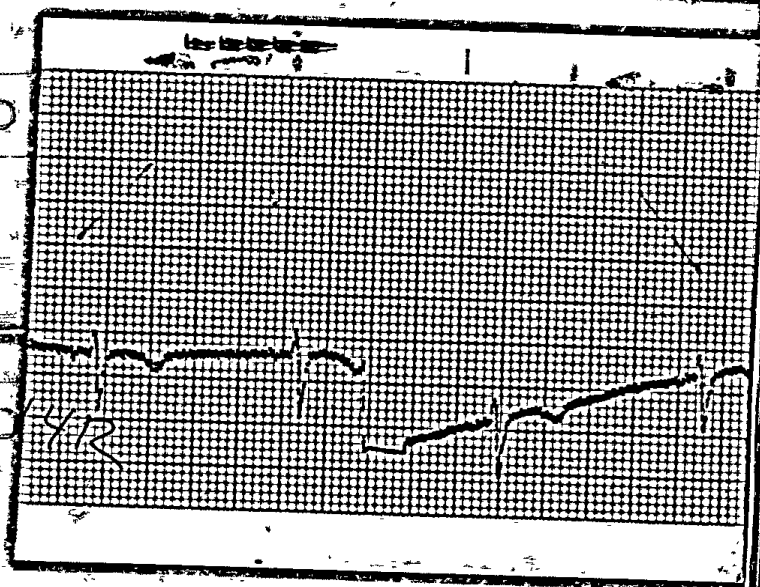
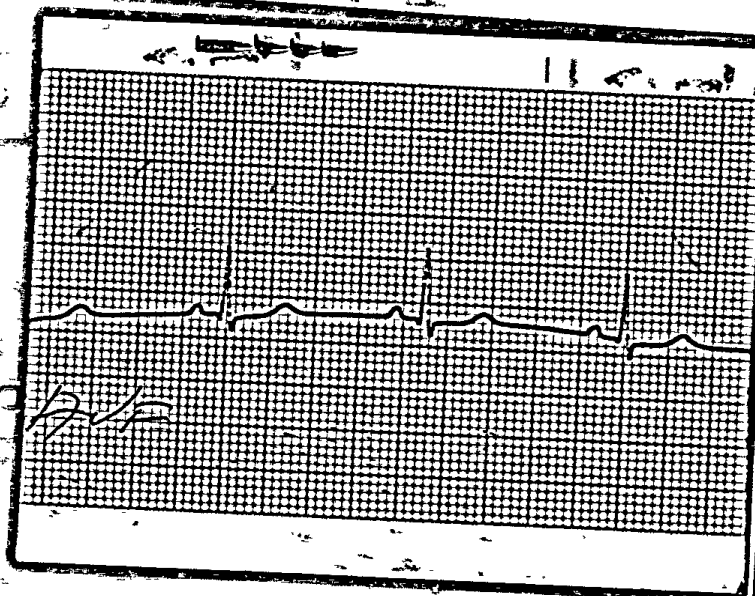
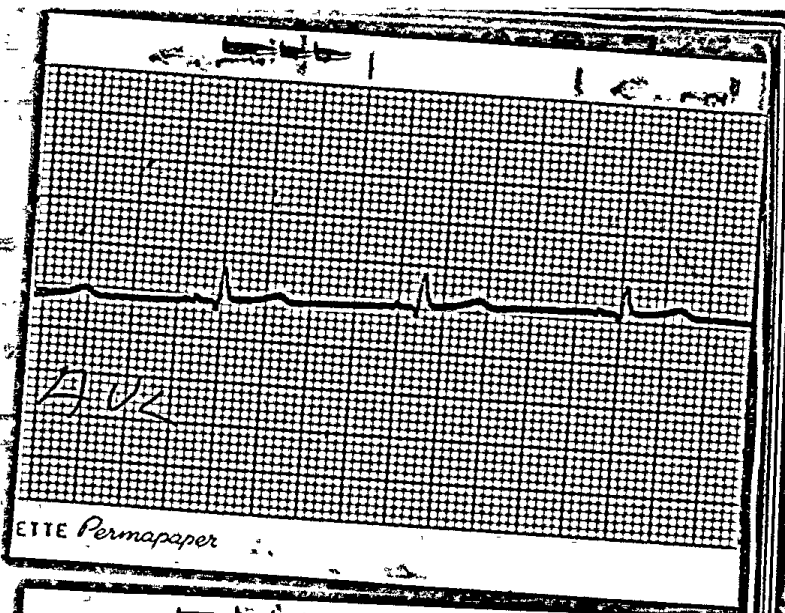
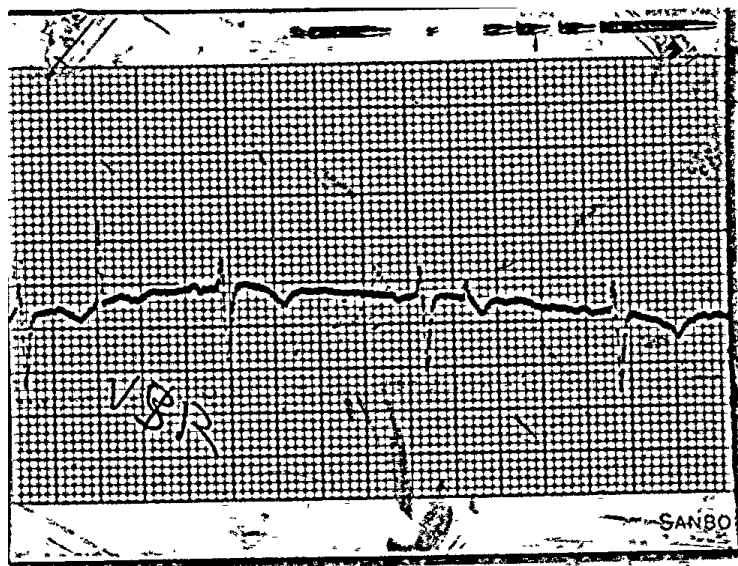
NO. ECG 20937	SIGNATURE V.N. HOUK - gtk	TITLE LCDR MC USN	DATE 2/6/61
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. ST*CL

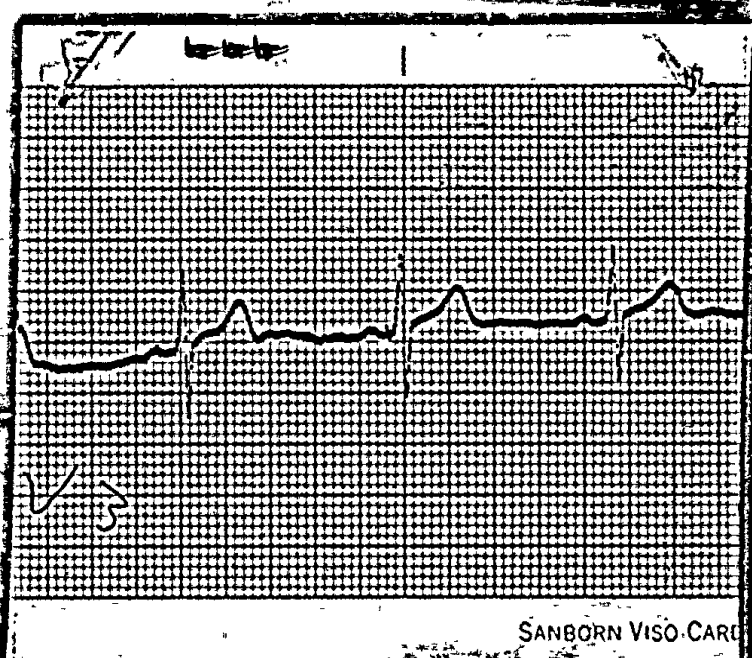
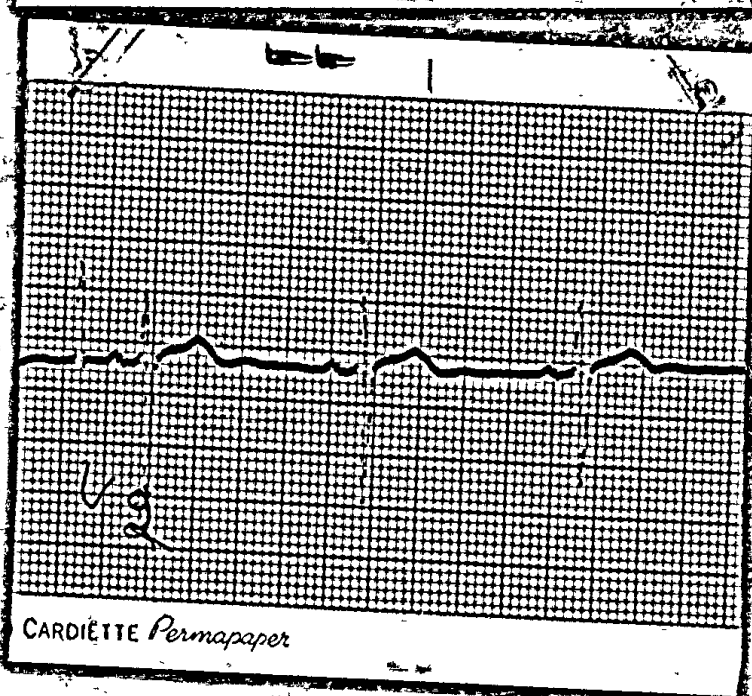
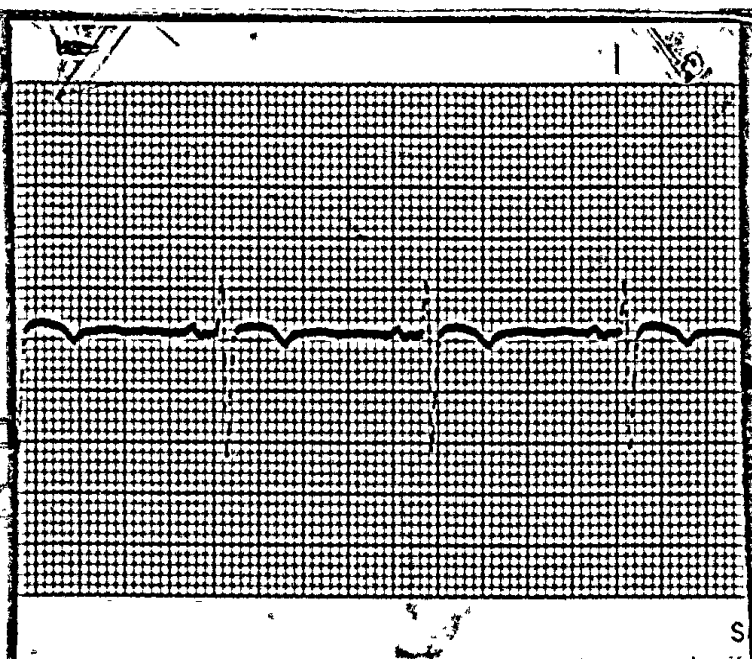
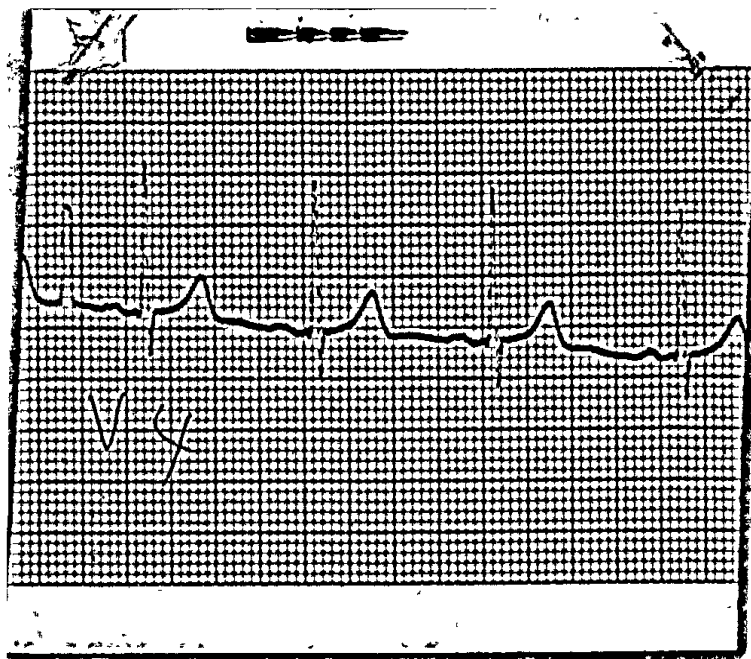
COX PAUL L. FBI
USNH NNMC
BETHESDA, Md.

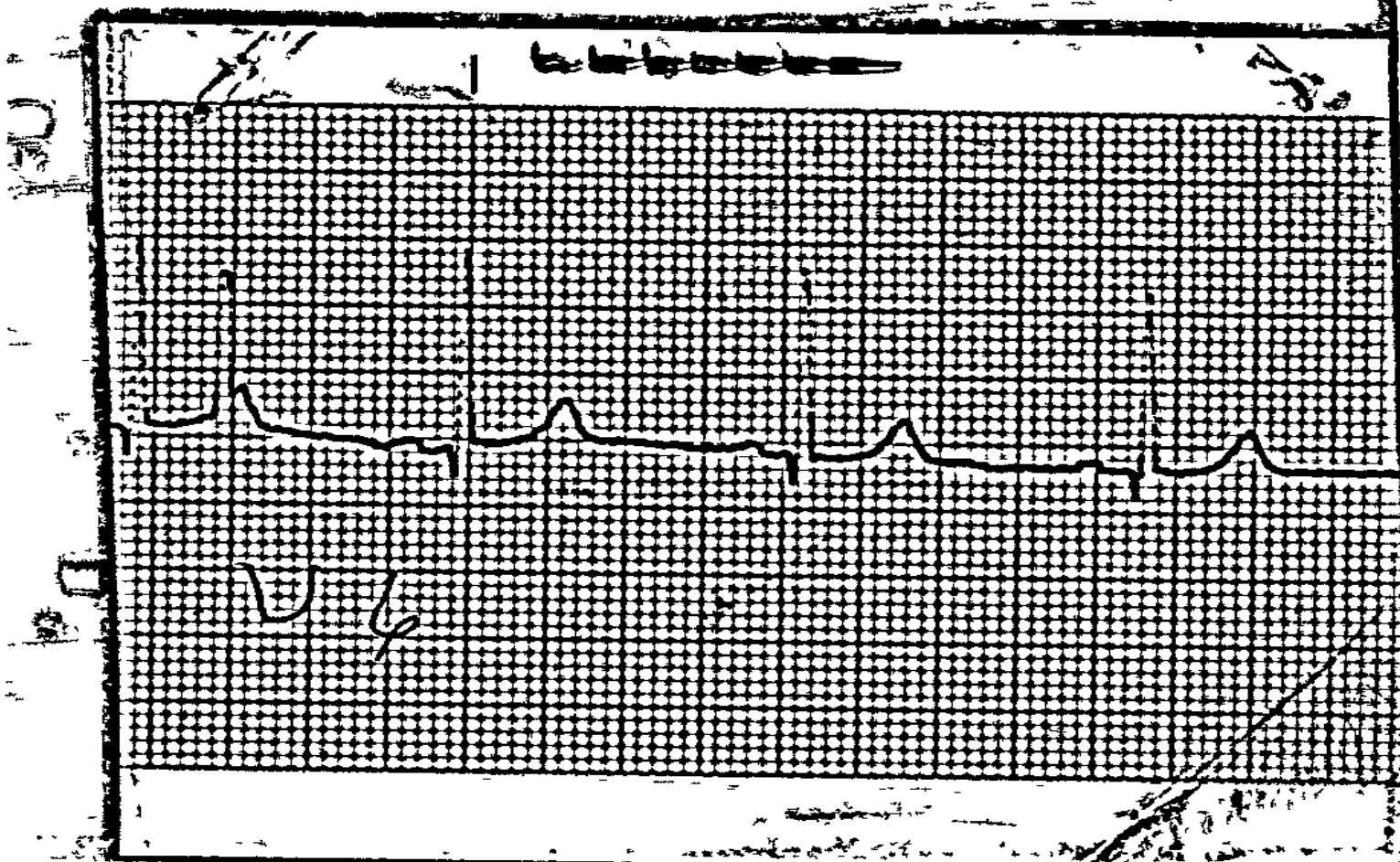
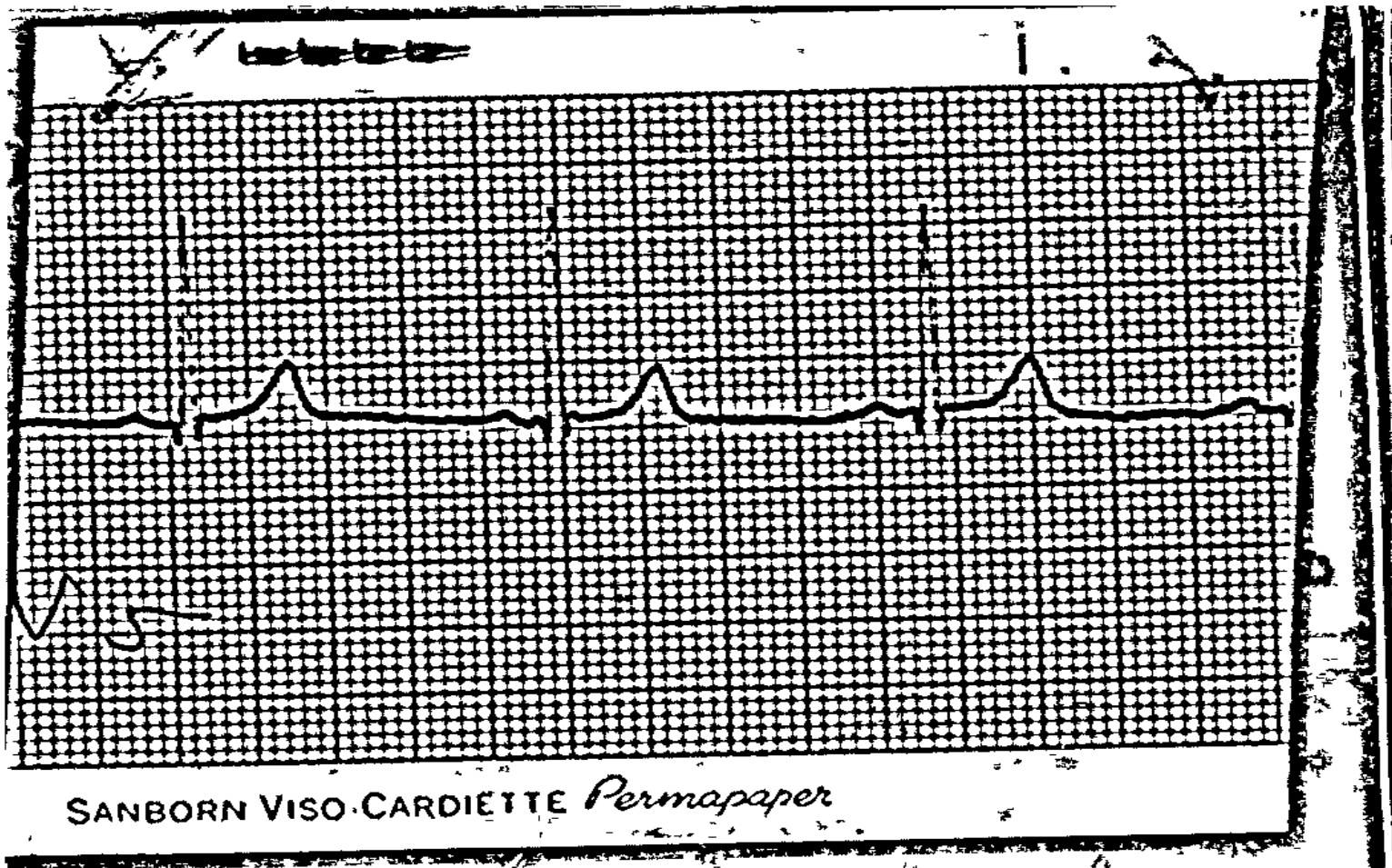
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)



SANBORN







CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION				MEDICATION				☐ YES ☐ NO	
								☐ EMERGENCY ☐ BEDSIDE ☐ ROUTINE ☐ AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN		DATE	
53	M		69½	160		Dr. Johnston		2-24-60 @1050	
RHYTHM				AXIS DEVIATION (QRS)		RATES			
						AURIC. VENT.			
INTERVALS				P WAVES					
PR				QRS		QT			
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					

UNIPOLAR EXTREMITY LEADS (Specify)

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits.
2. No significant change since 3-9-59.

(Continue on reverse)

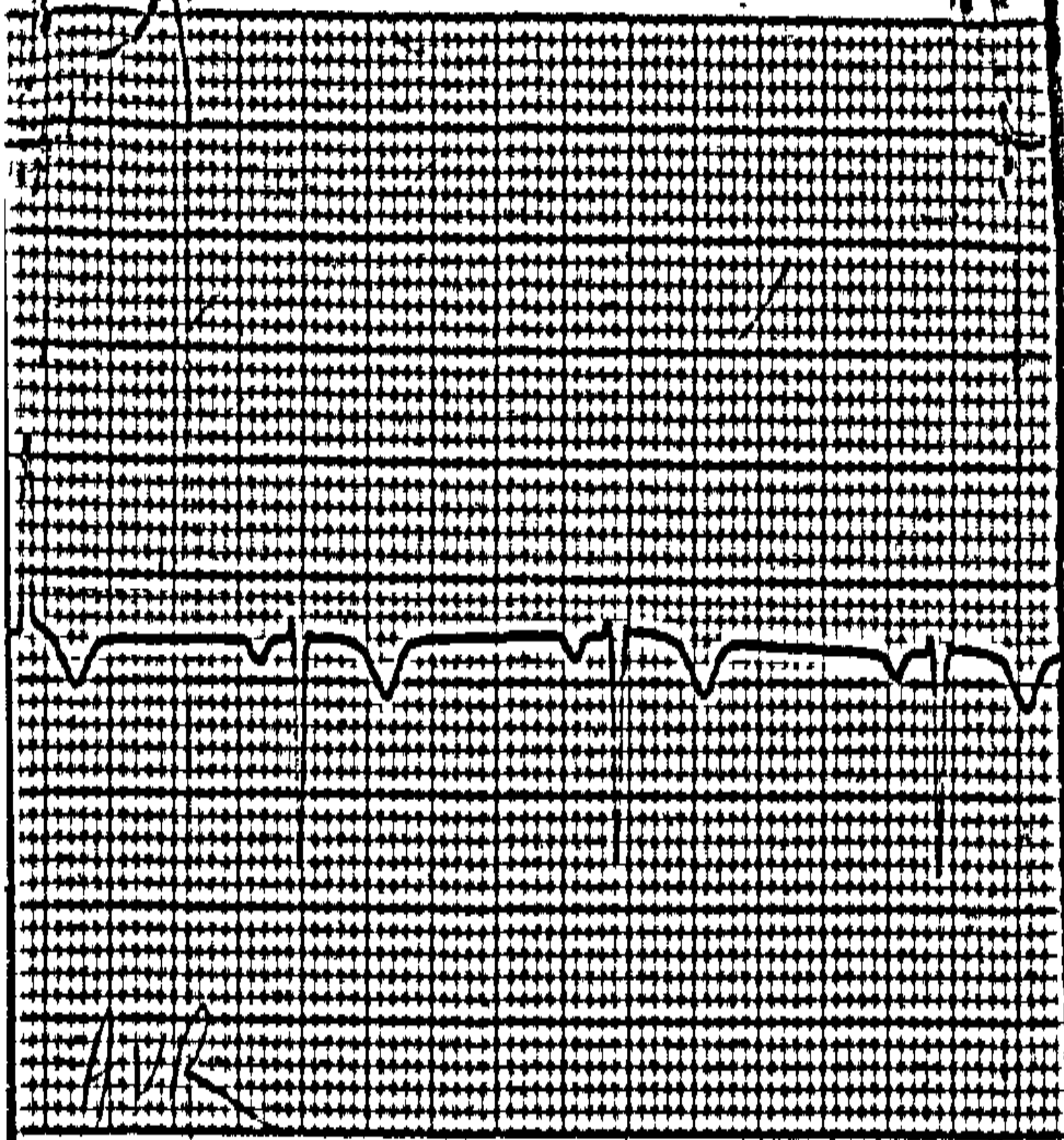
NO.	SIGNATURE	TITLE	DATE
ECG 20933	F. H. O'Connell /dws	LCDR MC USN	2-24-60
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
COX, Paul L. FBI			St C1

USNH, NNMC, Bethesda, Md.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

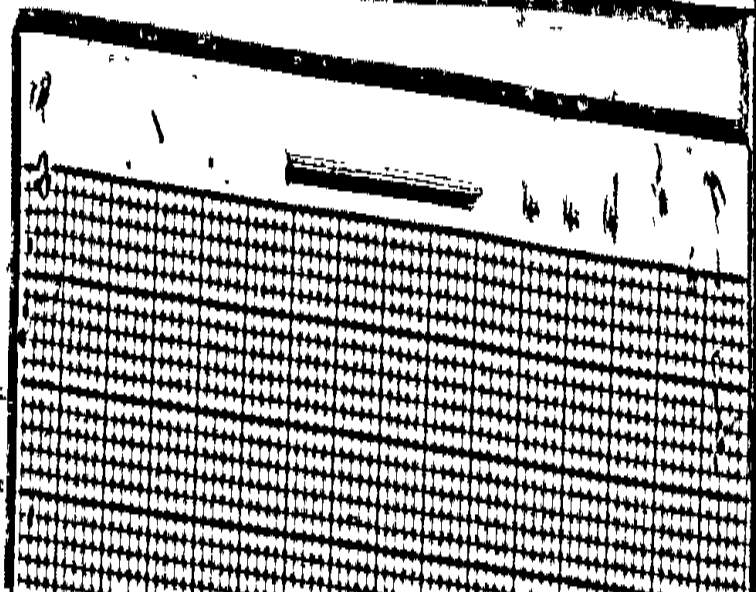
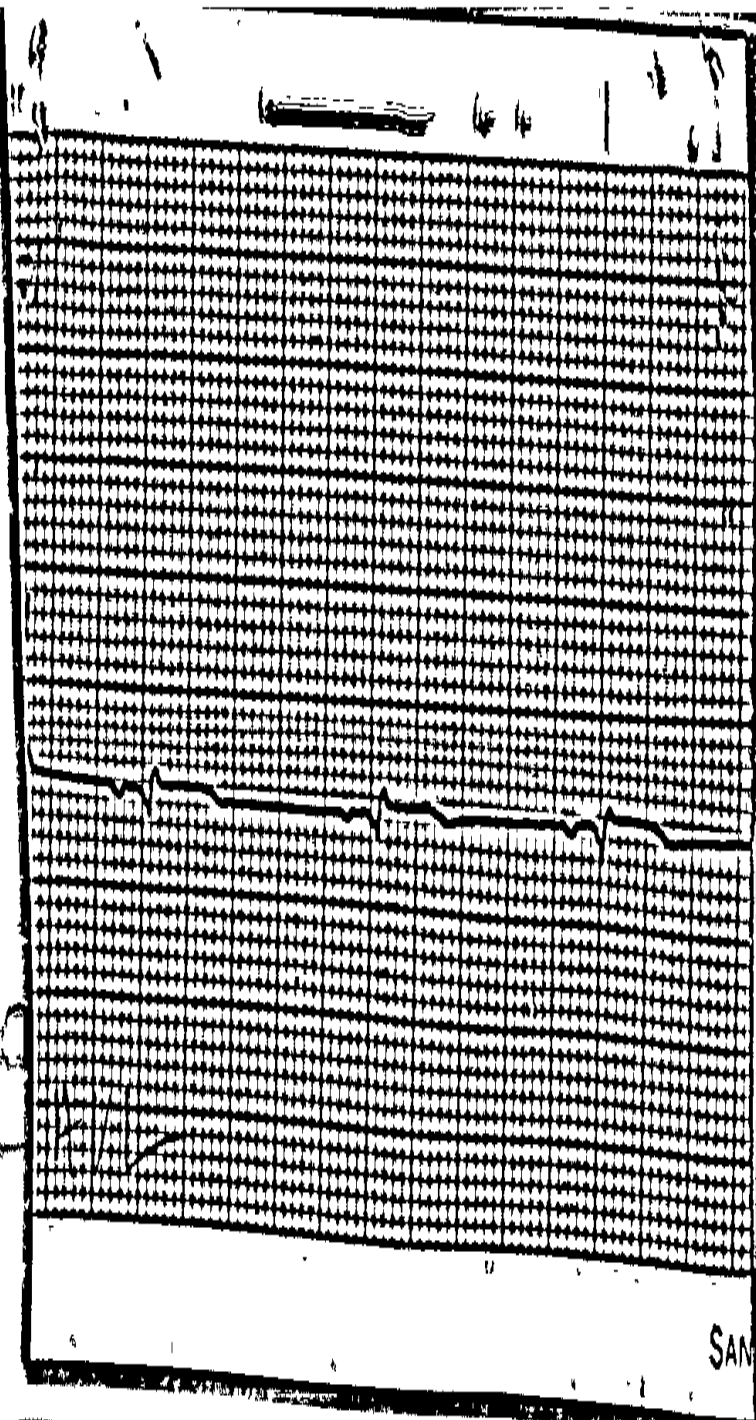
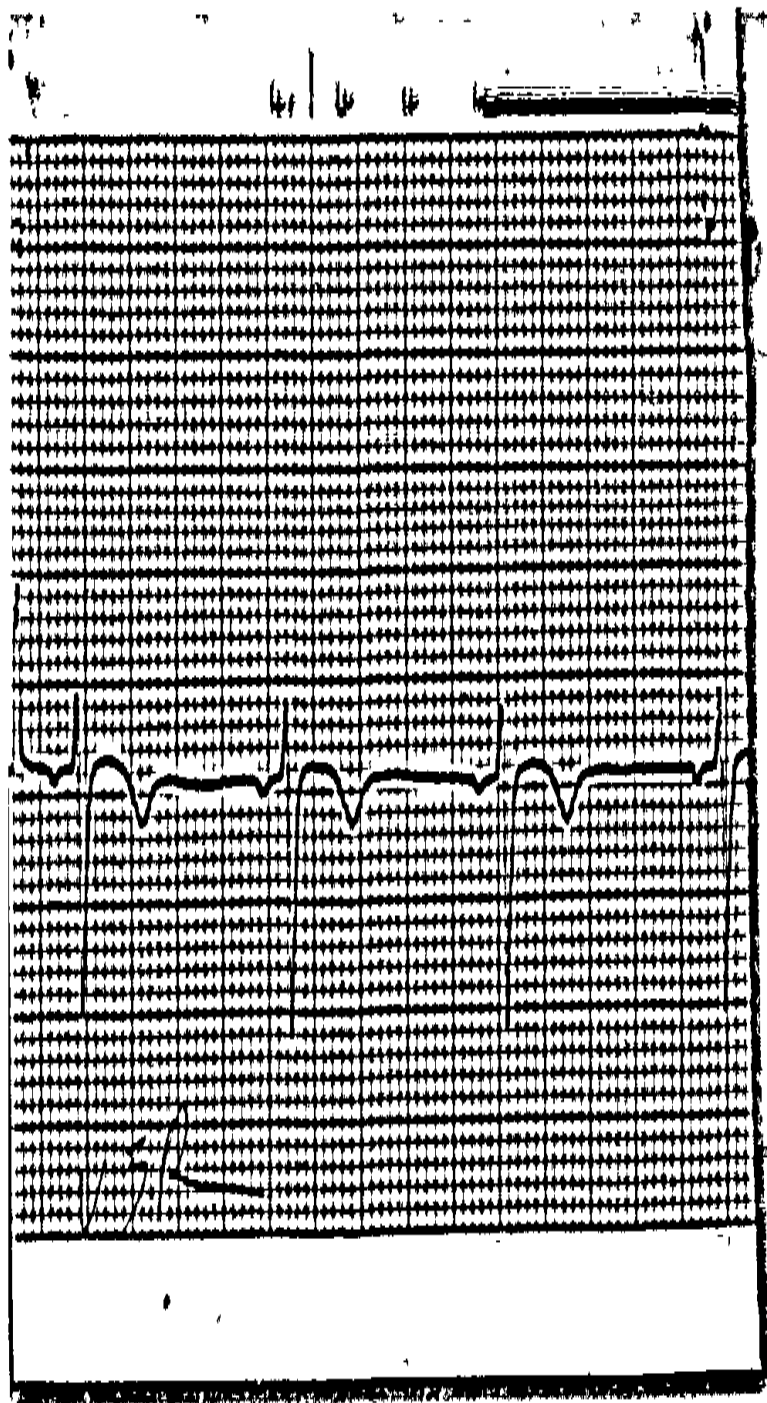
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

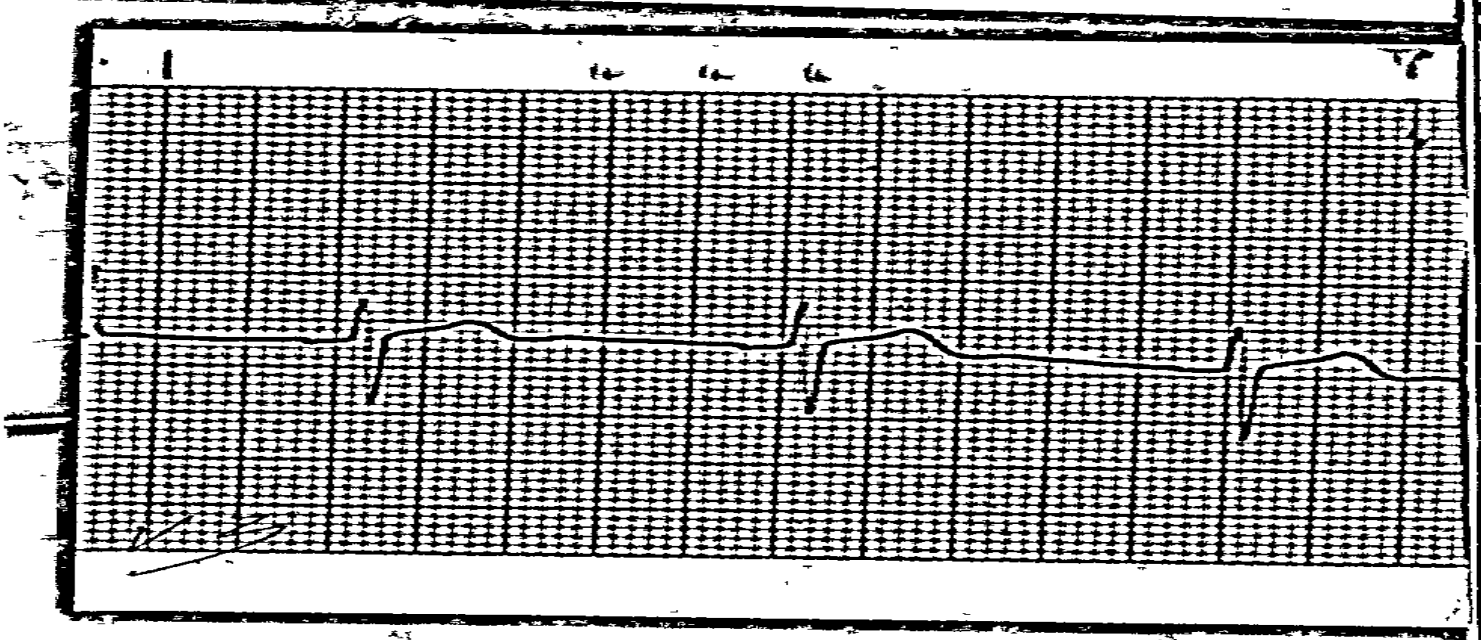
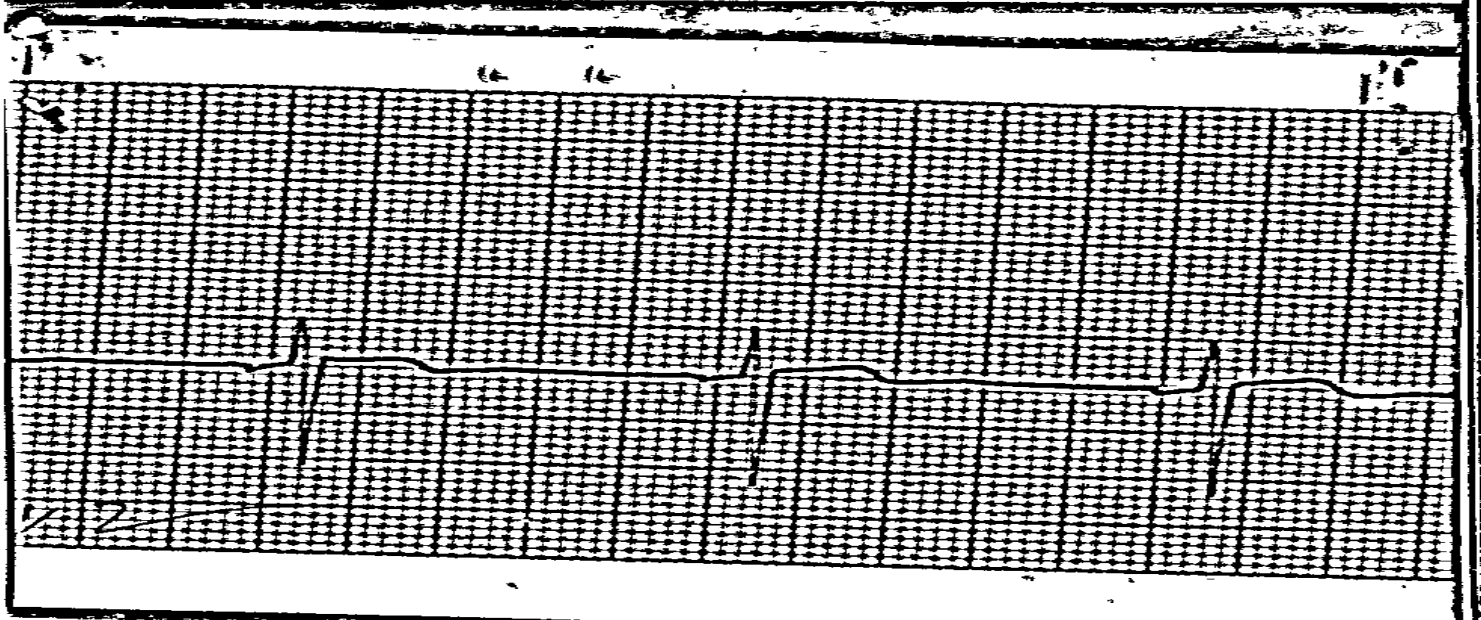
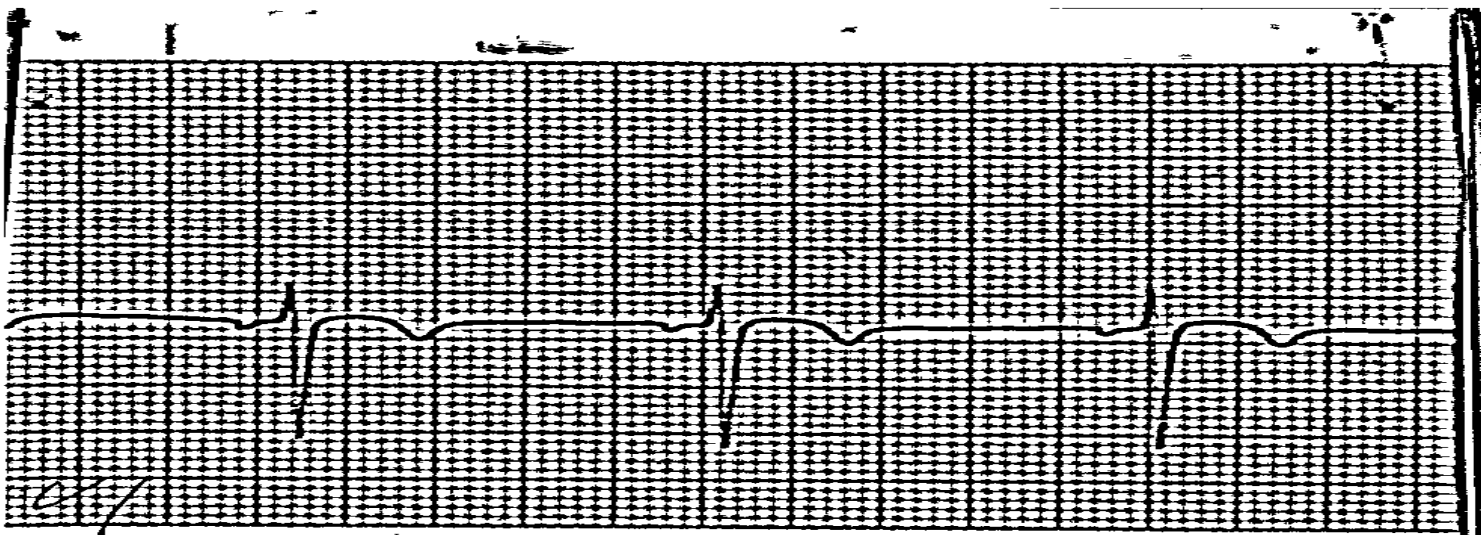
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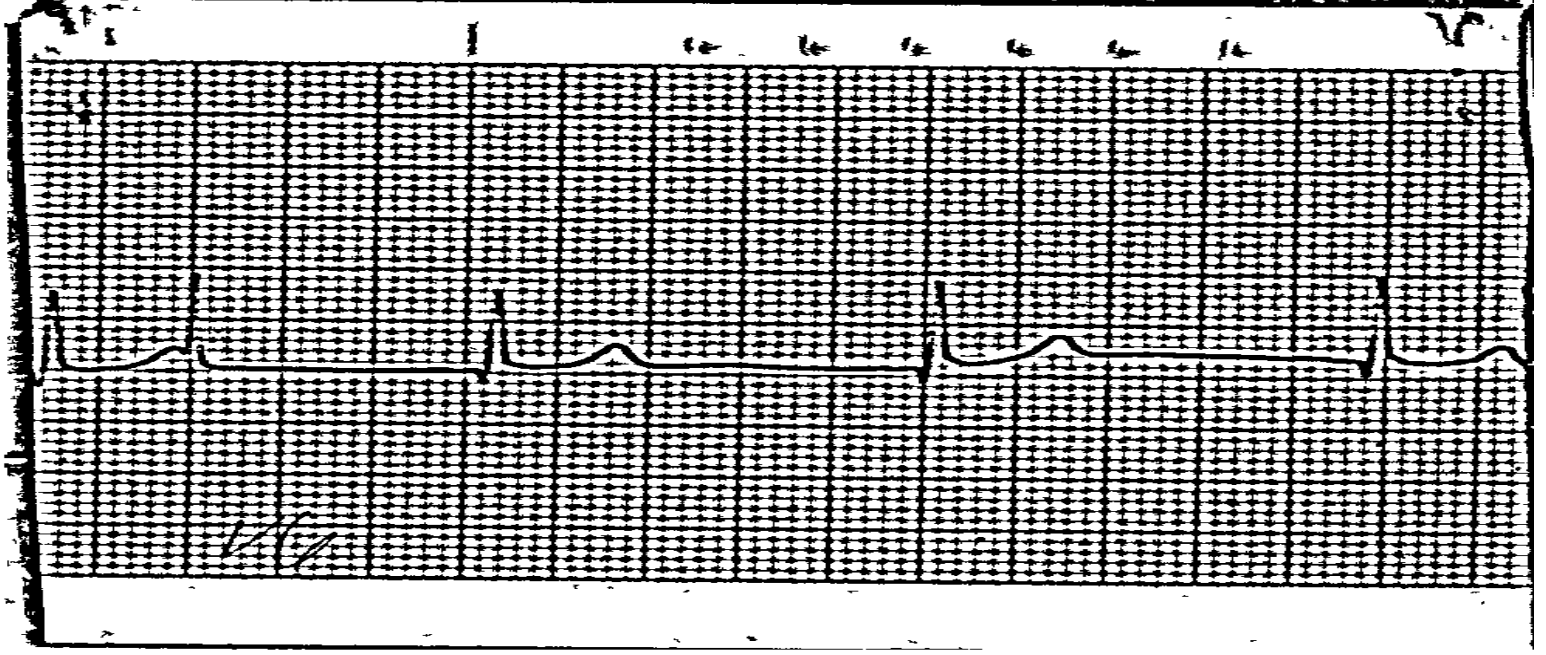
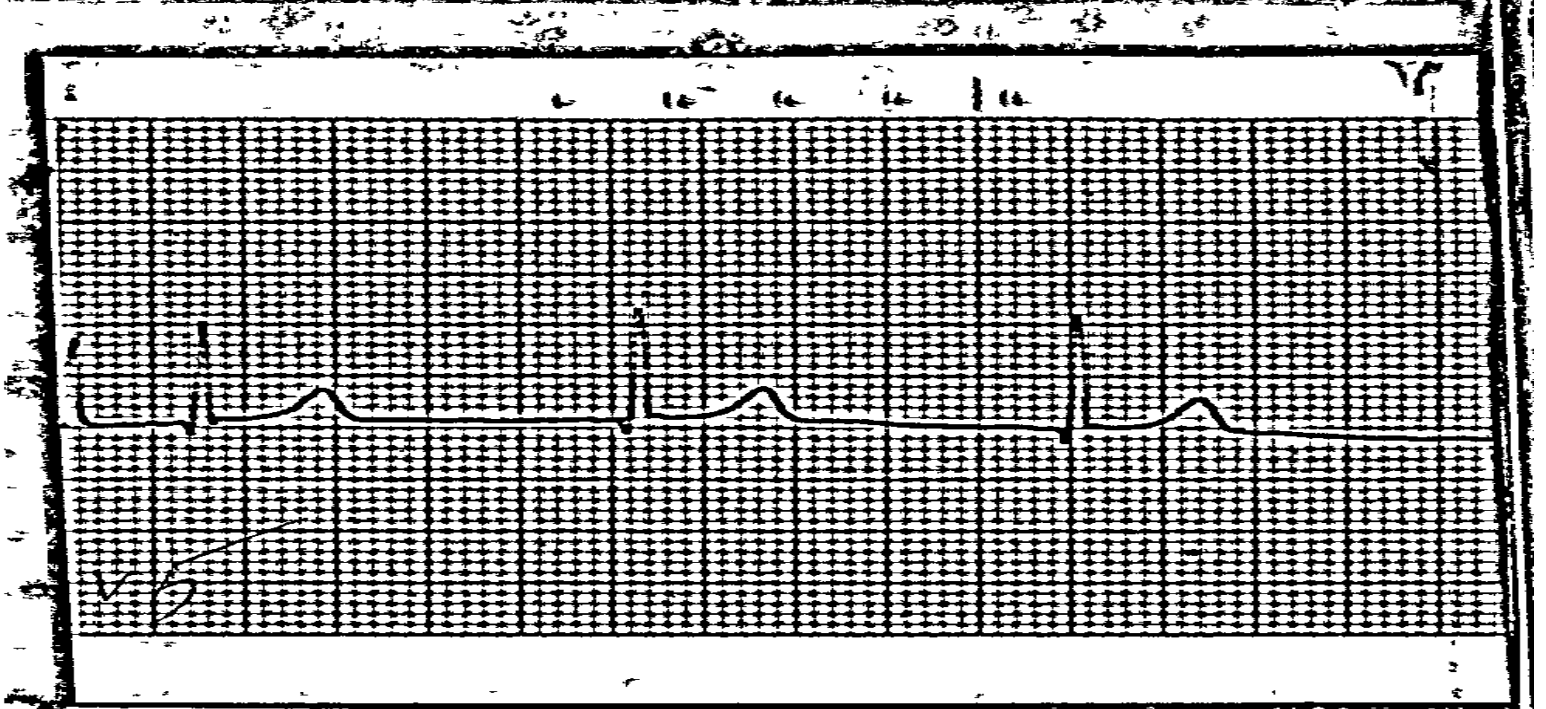
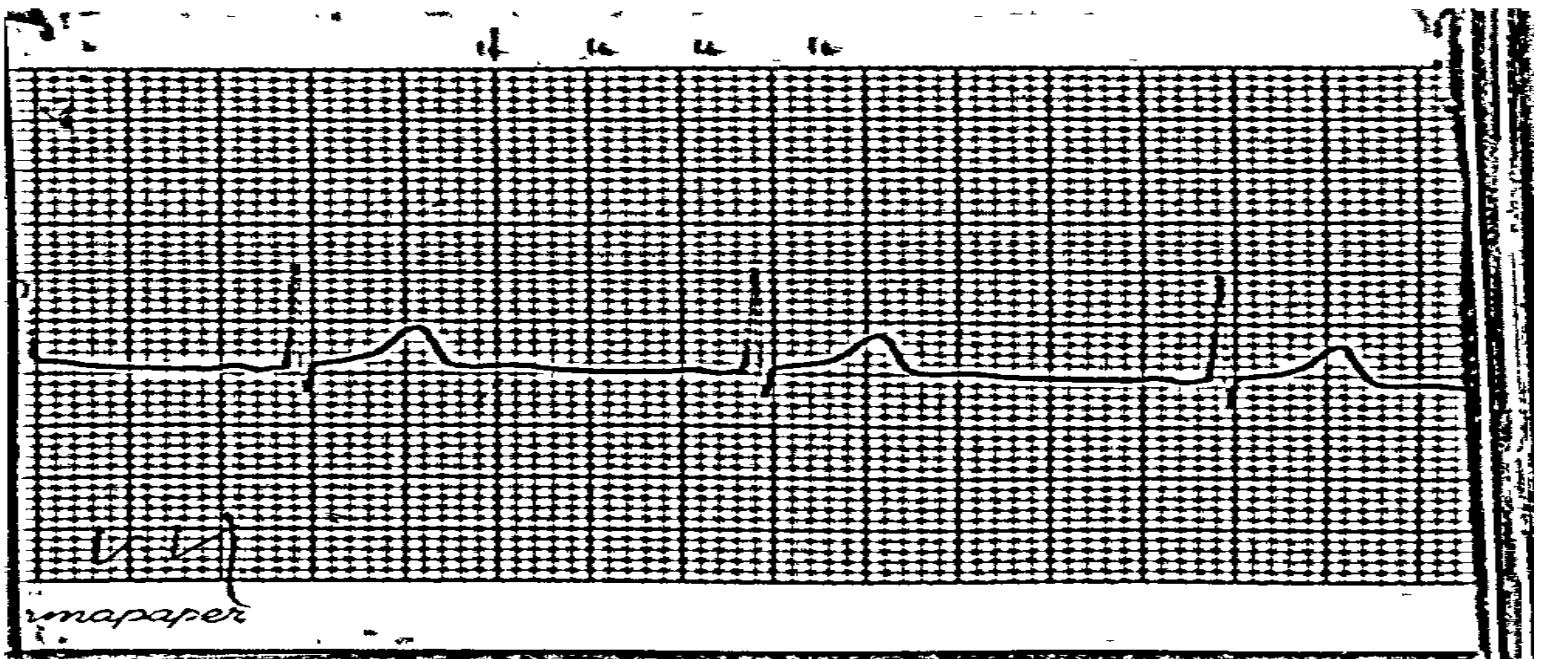
16



Handwritten signature or initials.







CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG ☒ YES ☐ NO	
CLINICAL IMPRESSION				MEDICATION				☐ EMERGENCY ☐ BEDSIDE ☐ ROUTINE ☐ AMBULANT	
AGE 52	SEX M	RACE	HEIGHT 5'9"	WEIGHT 159	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE 3/9/59°1125
RHYTHM Normal Sinus						AXIS DEVIATION (QRS) +60		RATES AURIC. VENT. 66	
INTERVALS PR .16 QRS .06 QT						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. WITHIN NORMAL LIMITS.
2. NO SIGNIFICANT CHANGES SINCE 4/4/58



(Continue on reverse)

NO. ECG 20937	SIGNATURE F.S. CALDWELL/jcd	TITLE LT MC USAF
PATIENT'S IDENTIFICATION (For typed or written entries) COX PAUL L. middle; grade USNH NNMC DEPT		

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG ☐ YES ☐ NO	
CLINICAL IMPRESSION						MEDICATION				☐ EMERGENCY	☐ BEDSIDE
										☐ ROUTINE	☐ AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN				DATE	
51	M		69"	163		DR JOHNSTON				4-4-58 @ 1100	
RHYTHM						AXIS DEVIATION (QRS)				RATES	
Normal sinus rvthm						45°				AURIC. VENT 65	
INTERVALS						P WAVES					
PR 16 QRS .06 QT .36											
QRS COMPLEXES											
RS-T SEGMENT						T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)											

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

- 1- Within normal limits
- 2- No significant change since 4-3-57

(Continue on reverse)

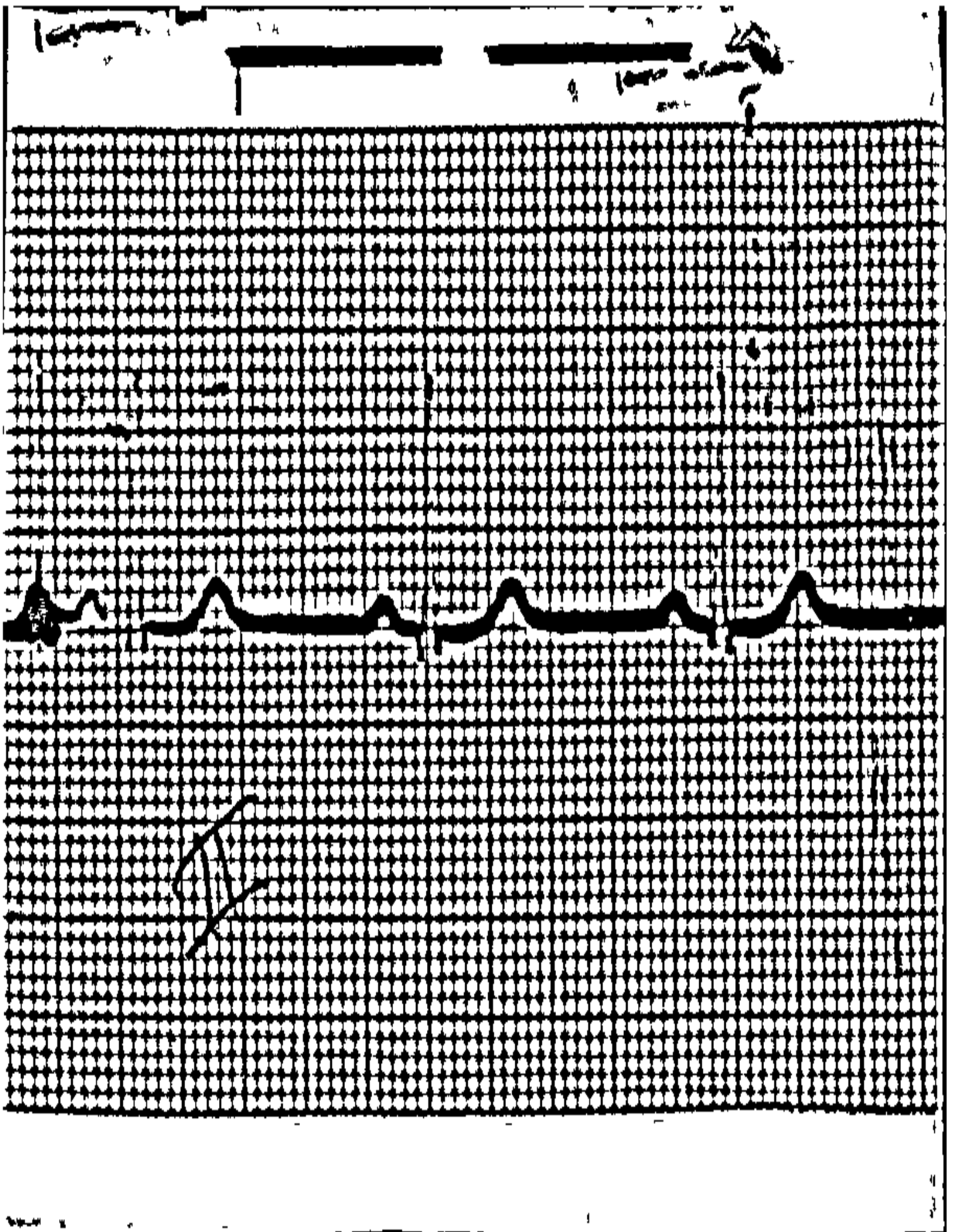
NO.	SIGNATURE	TITLE	DATE
ECG 20937	C. U. SHILLING / rms	LT MC USN	4-5-58
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
COX PAUL LESLIE FBI USNH NNMCMC BETHESDA MD			STAFF CLINIC

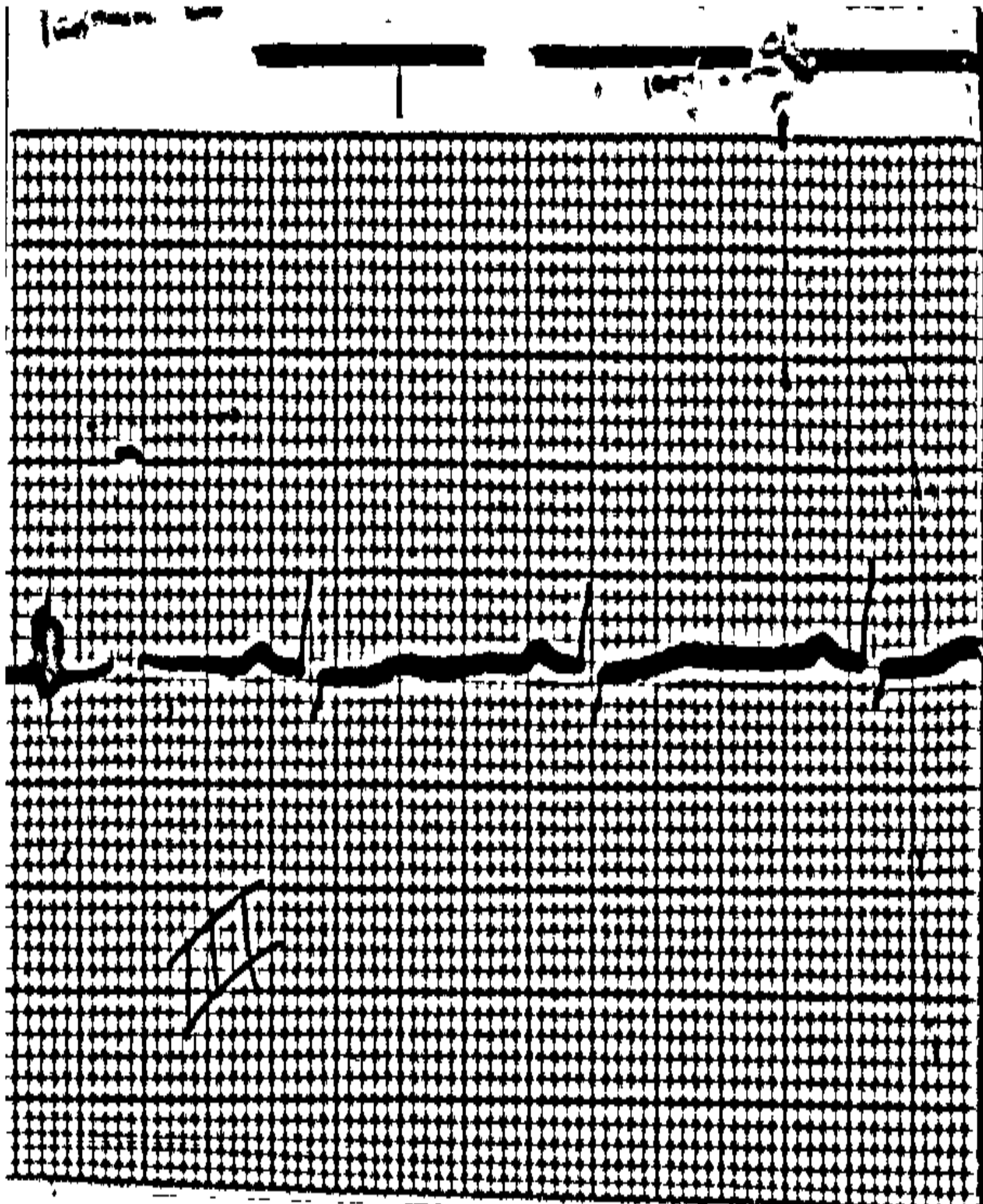
ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

(Attach tracings to S. F. 507)

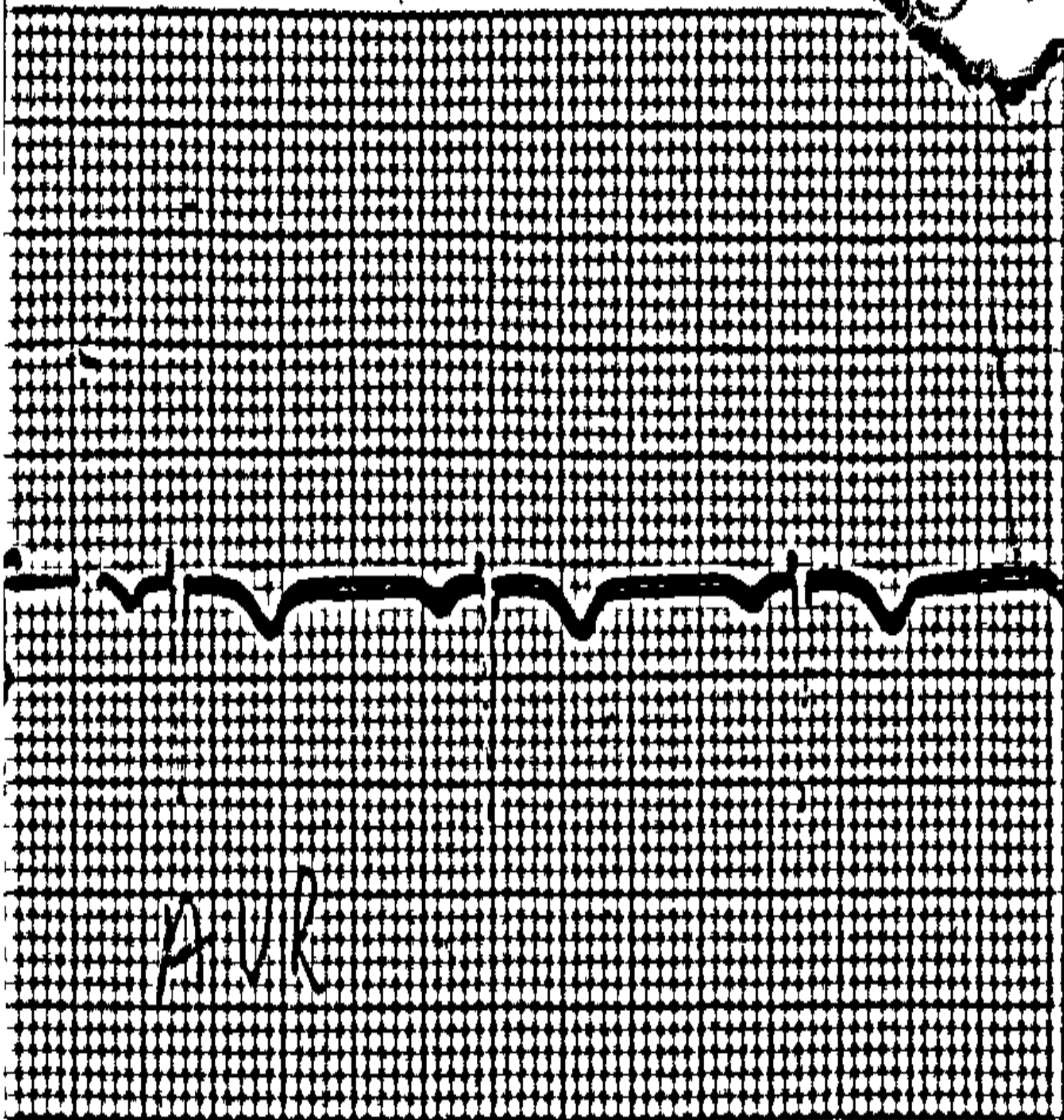
✓ Coy. PAUL L.
FBI
4/4/58 20 VDO



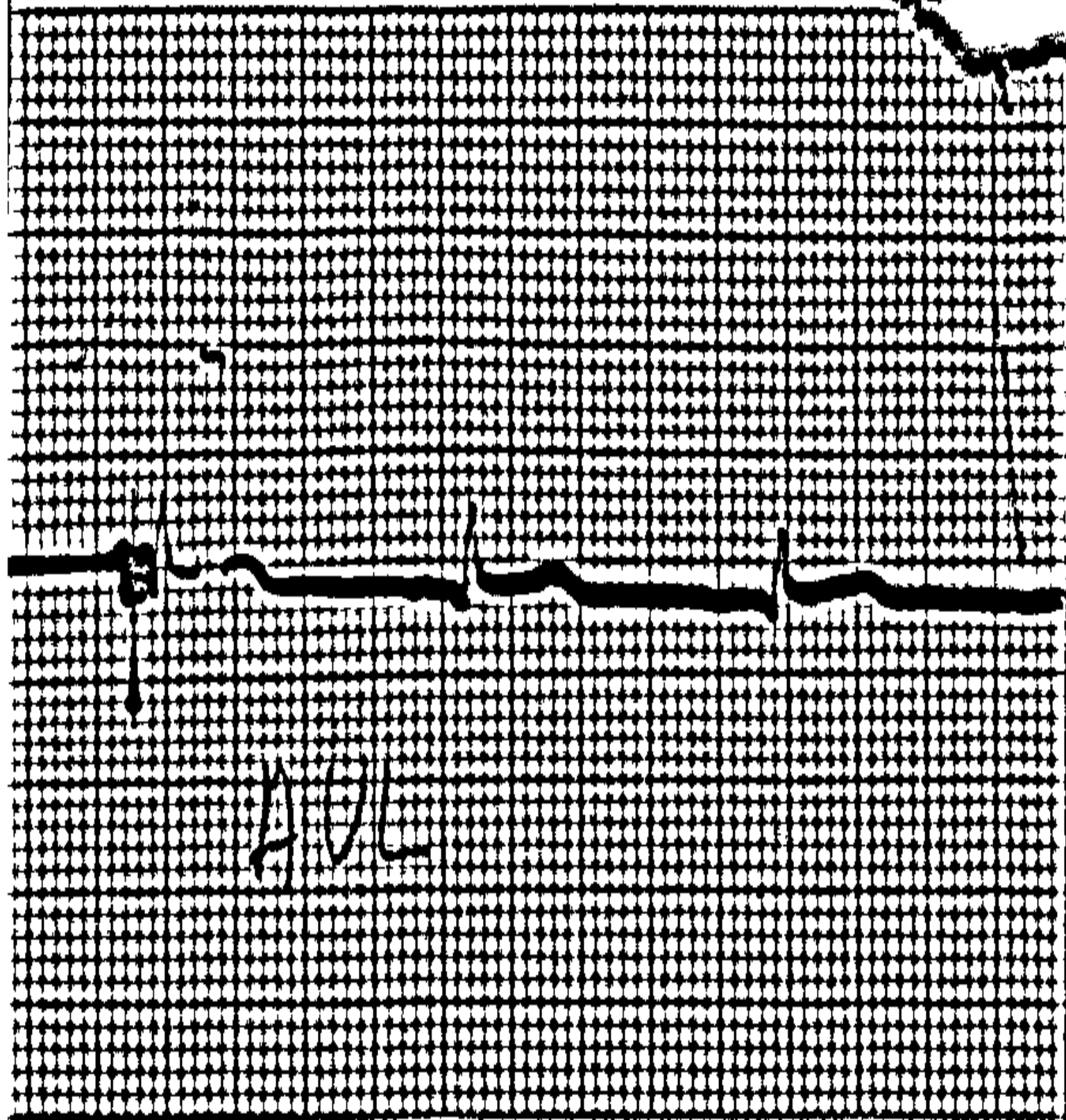


SANBORN VISO CARDIETTE

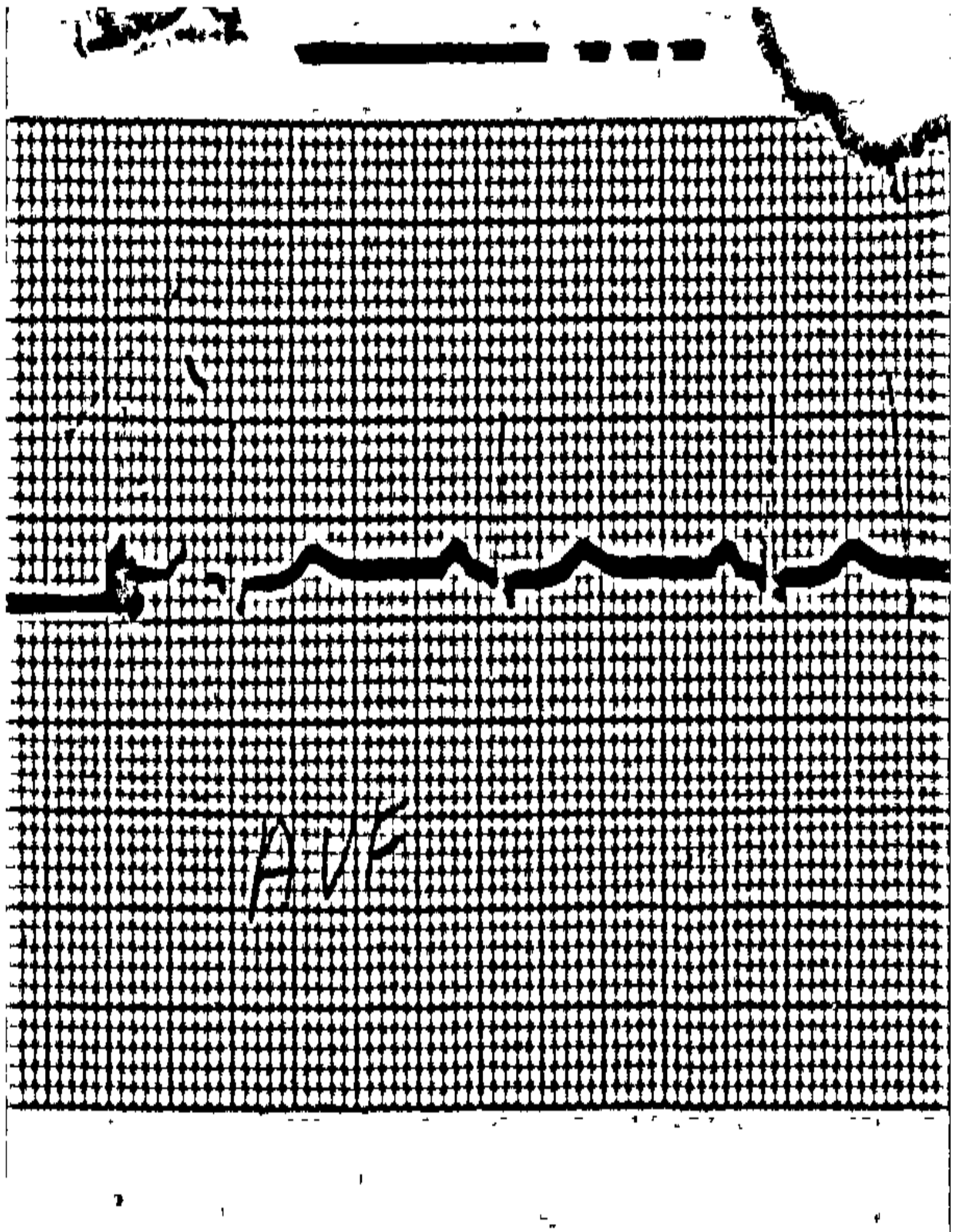
SECRET



ADIR



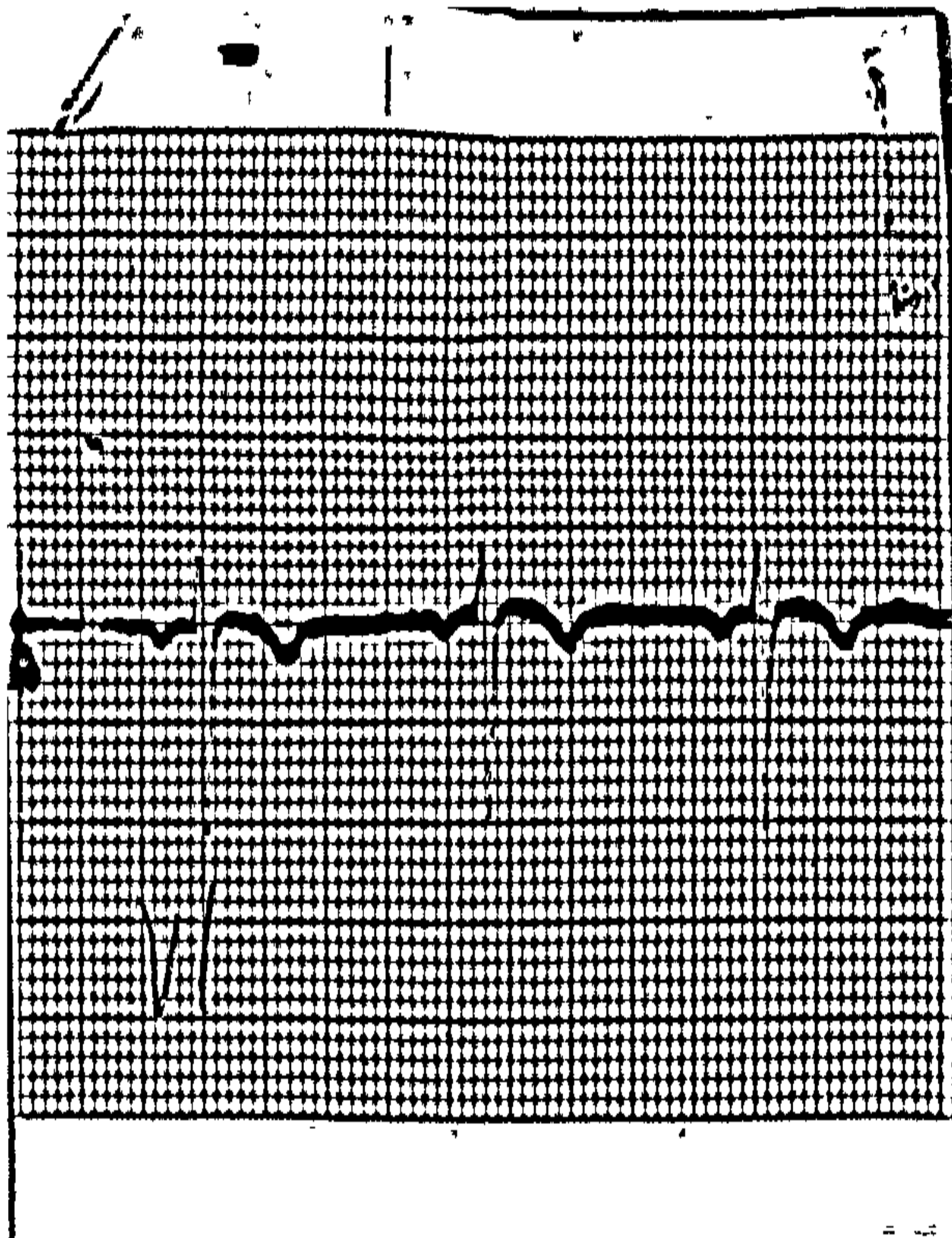
SANBORN VISO-CARDIETTE *Permapaper*

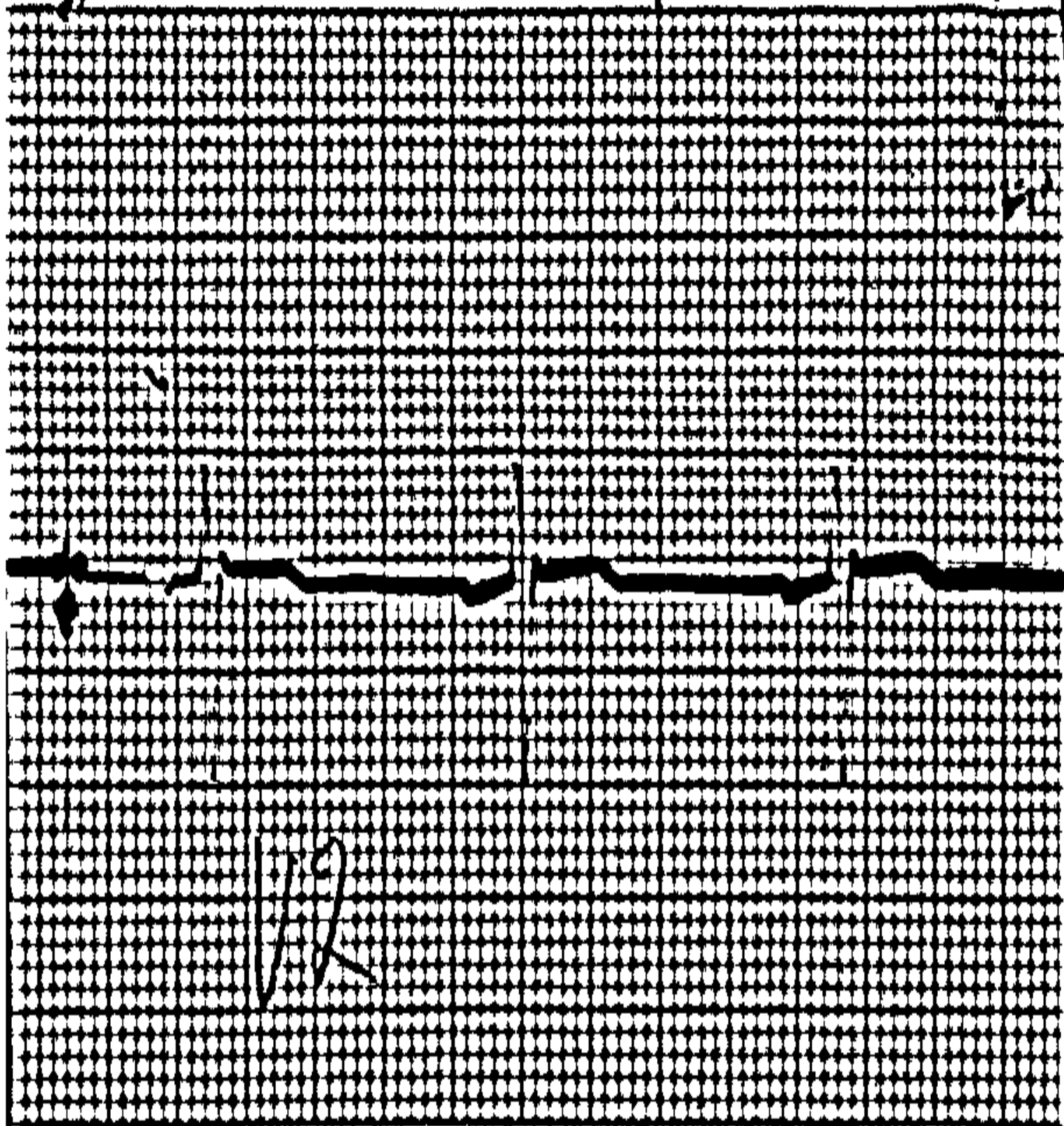


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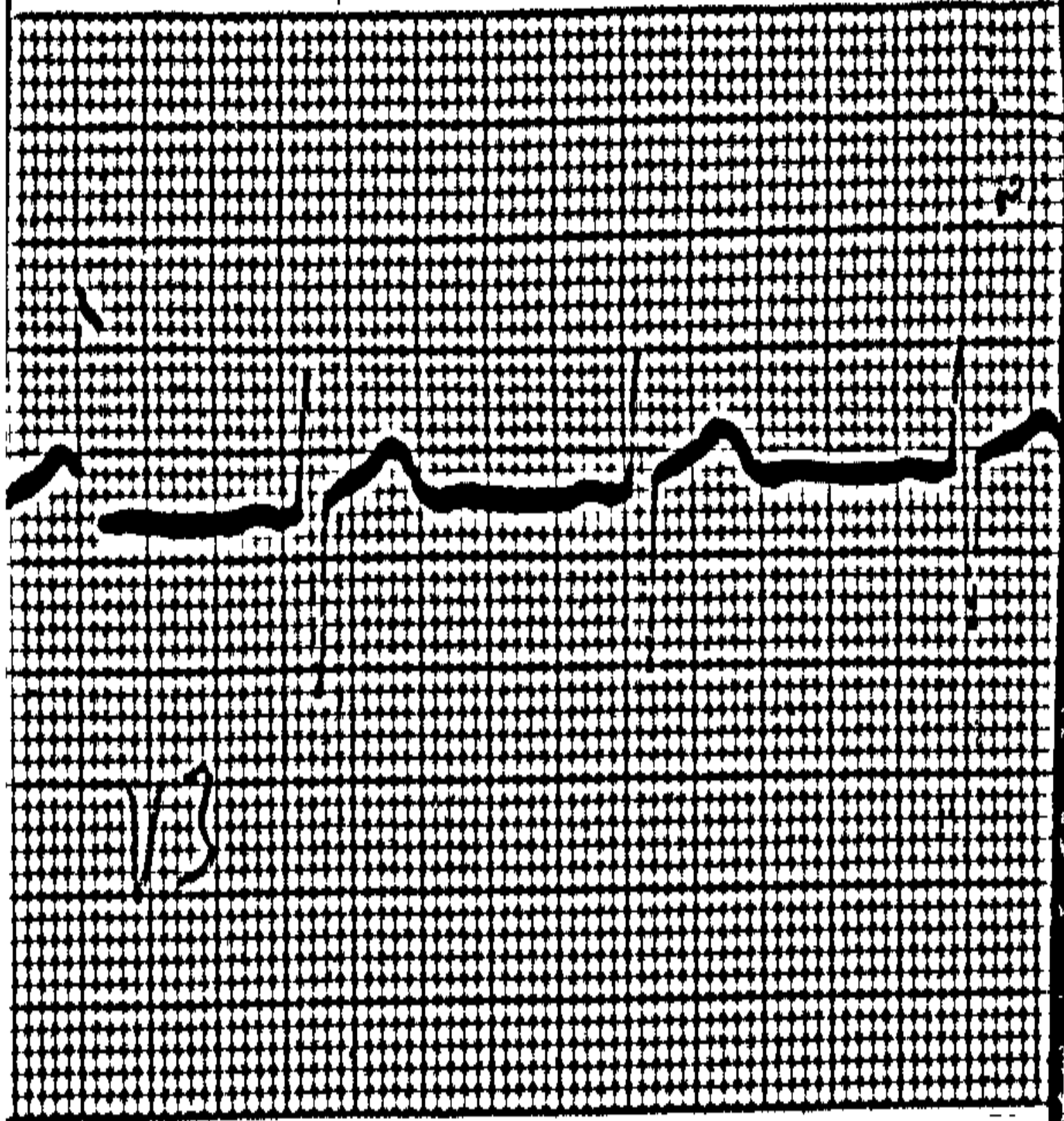
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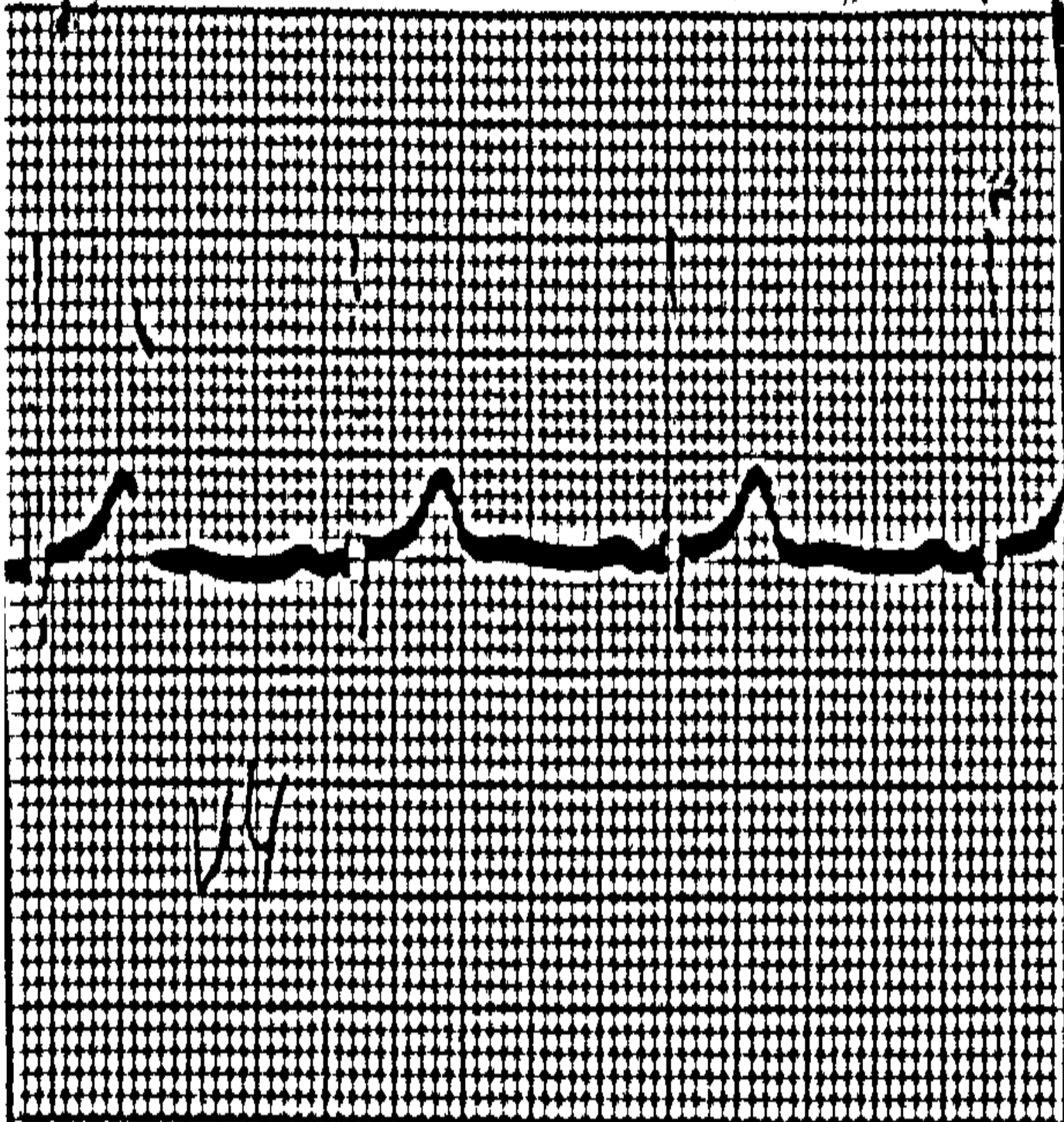


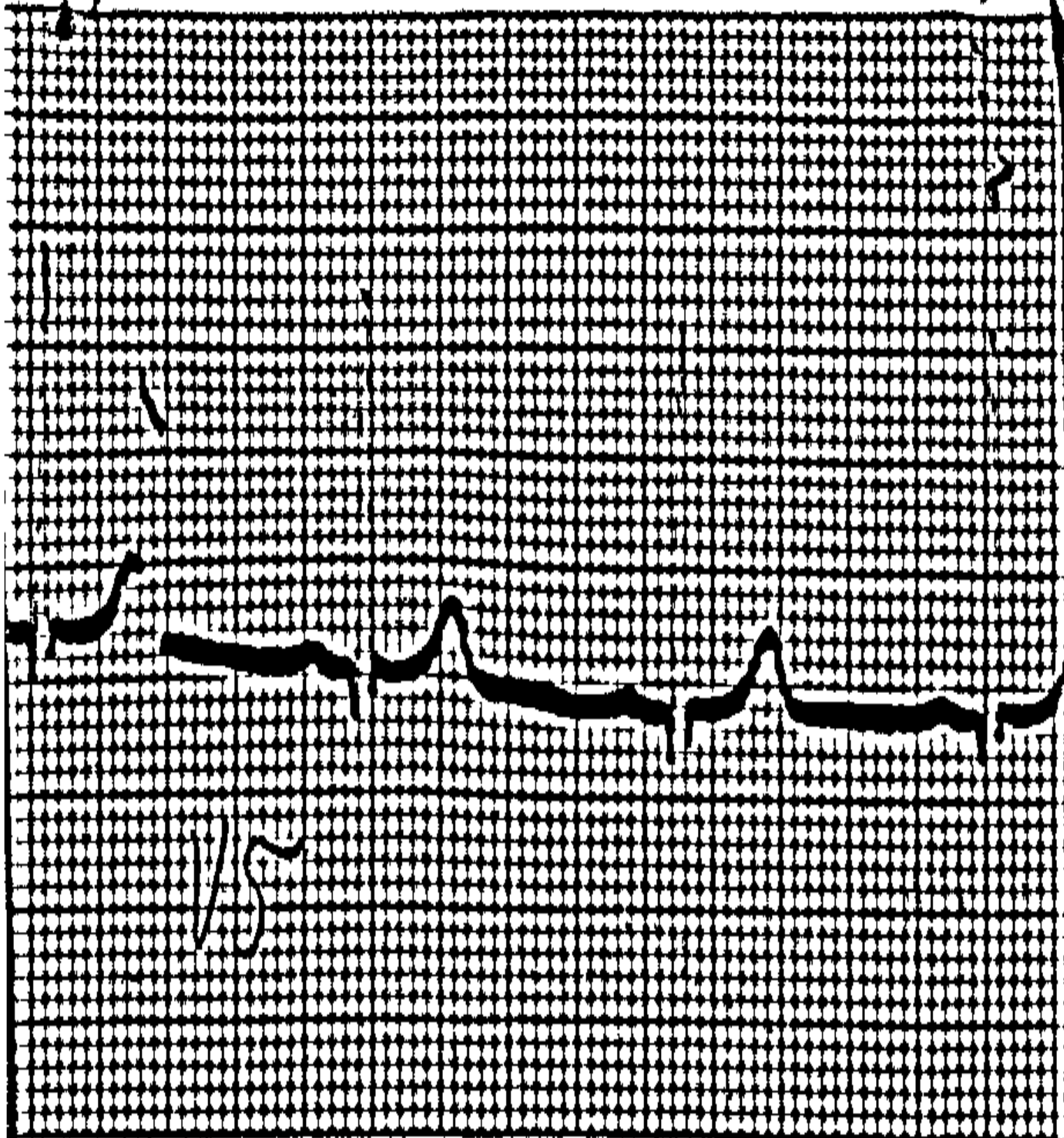
SANBORN VISO-CARDIETTE *Perma*



10/13

W W

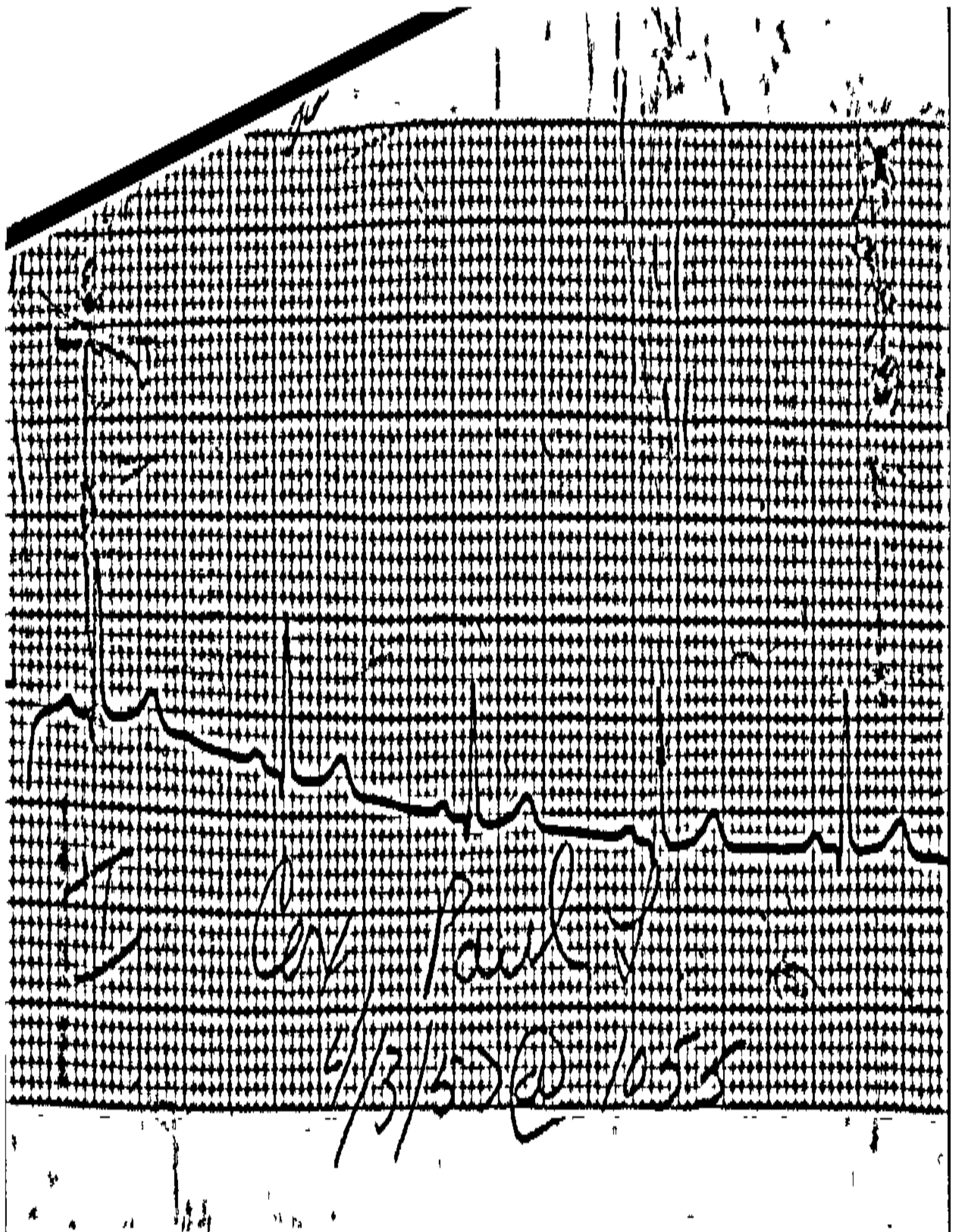


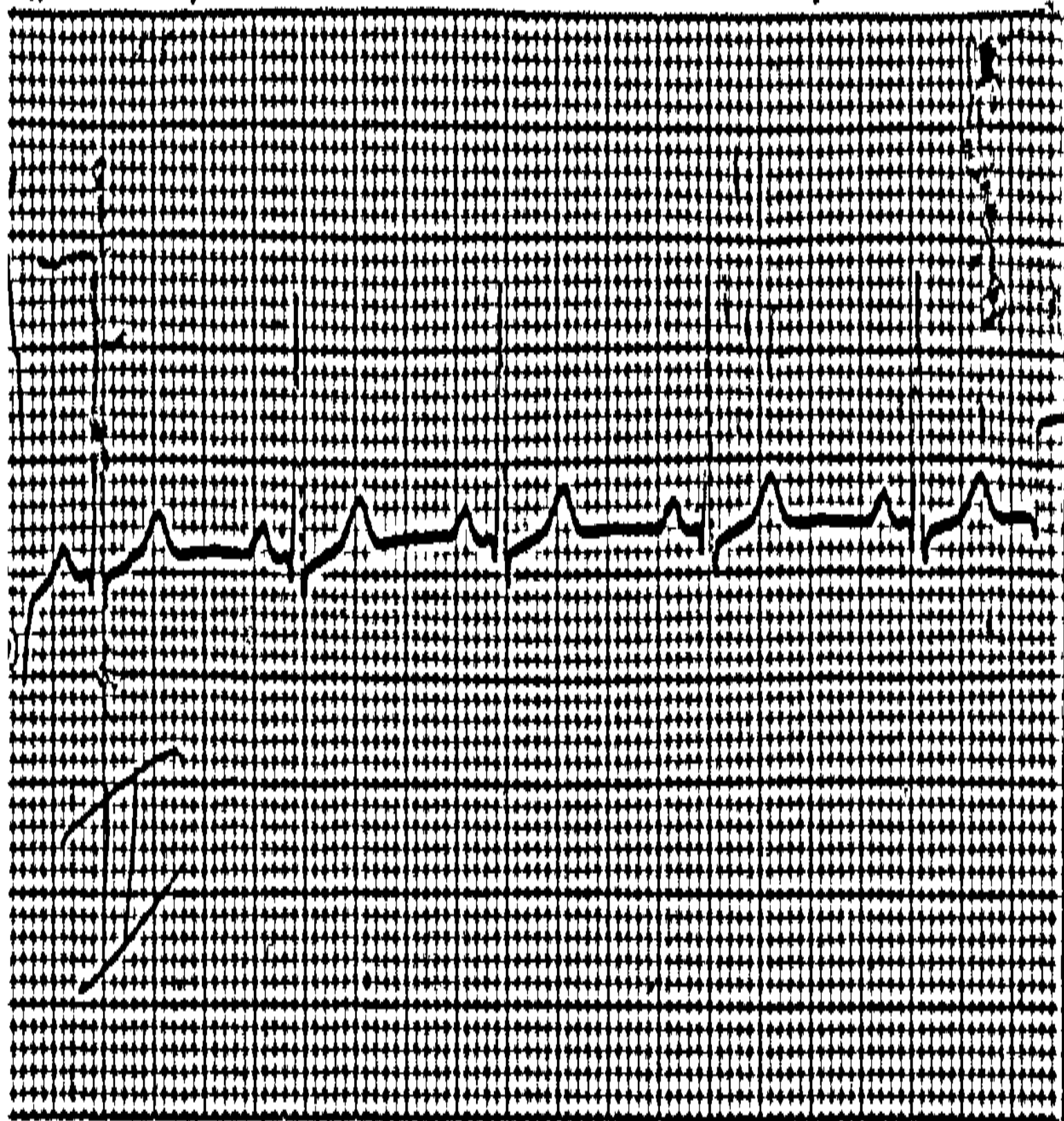


SANBORN VISO-CARDIETTE *Permapaper*

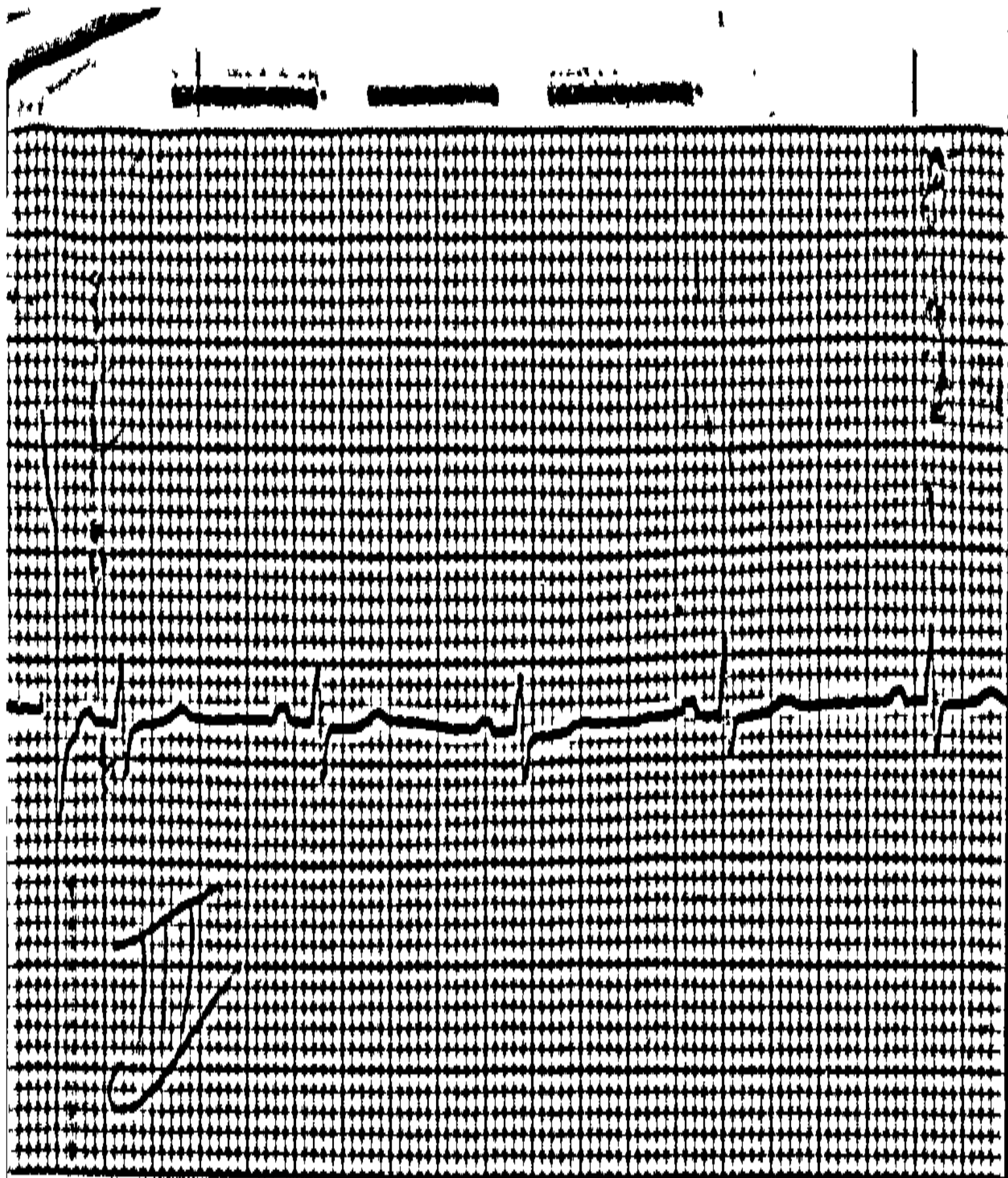
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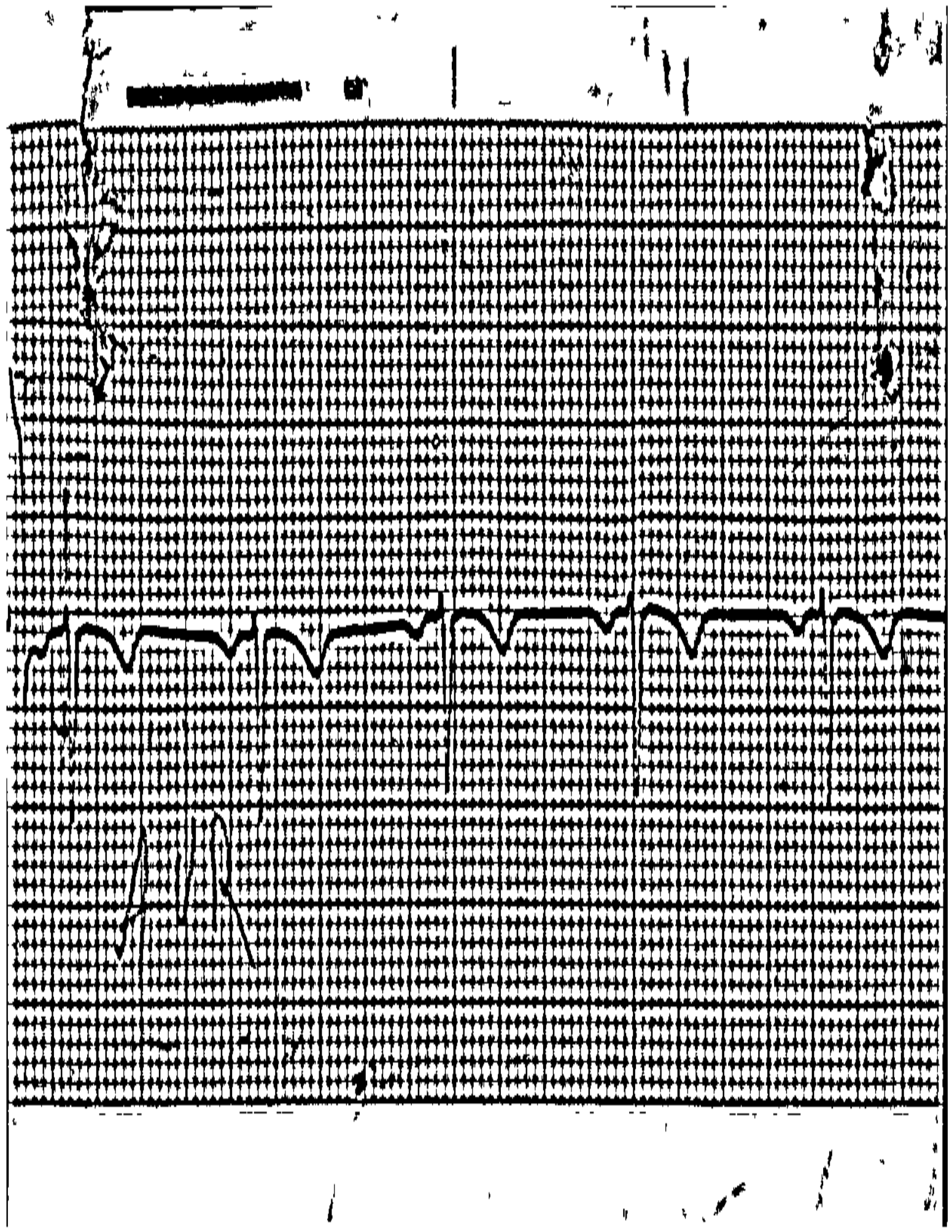
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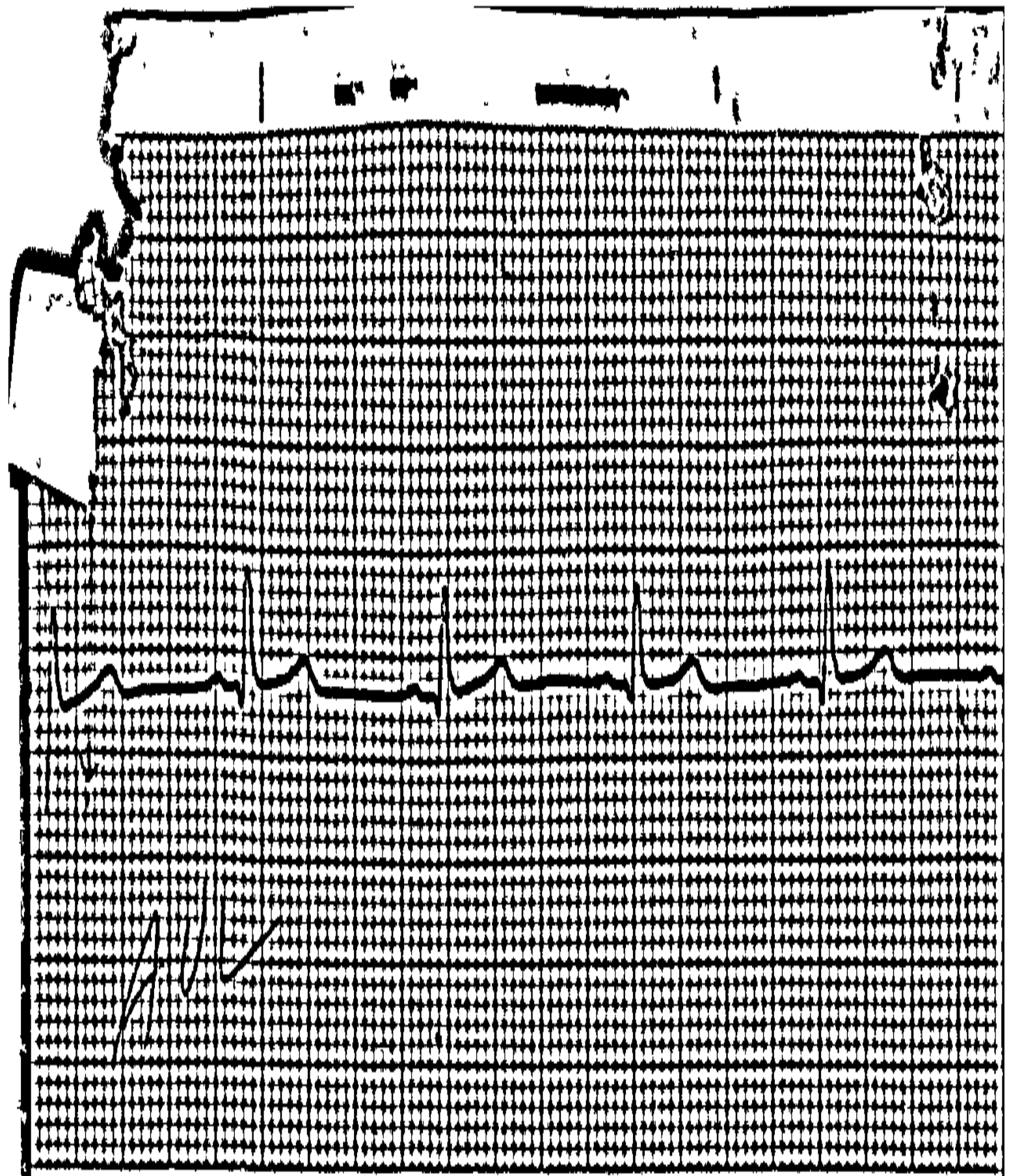




Permapaper

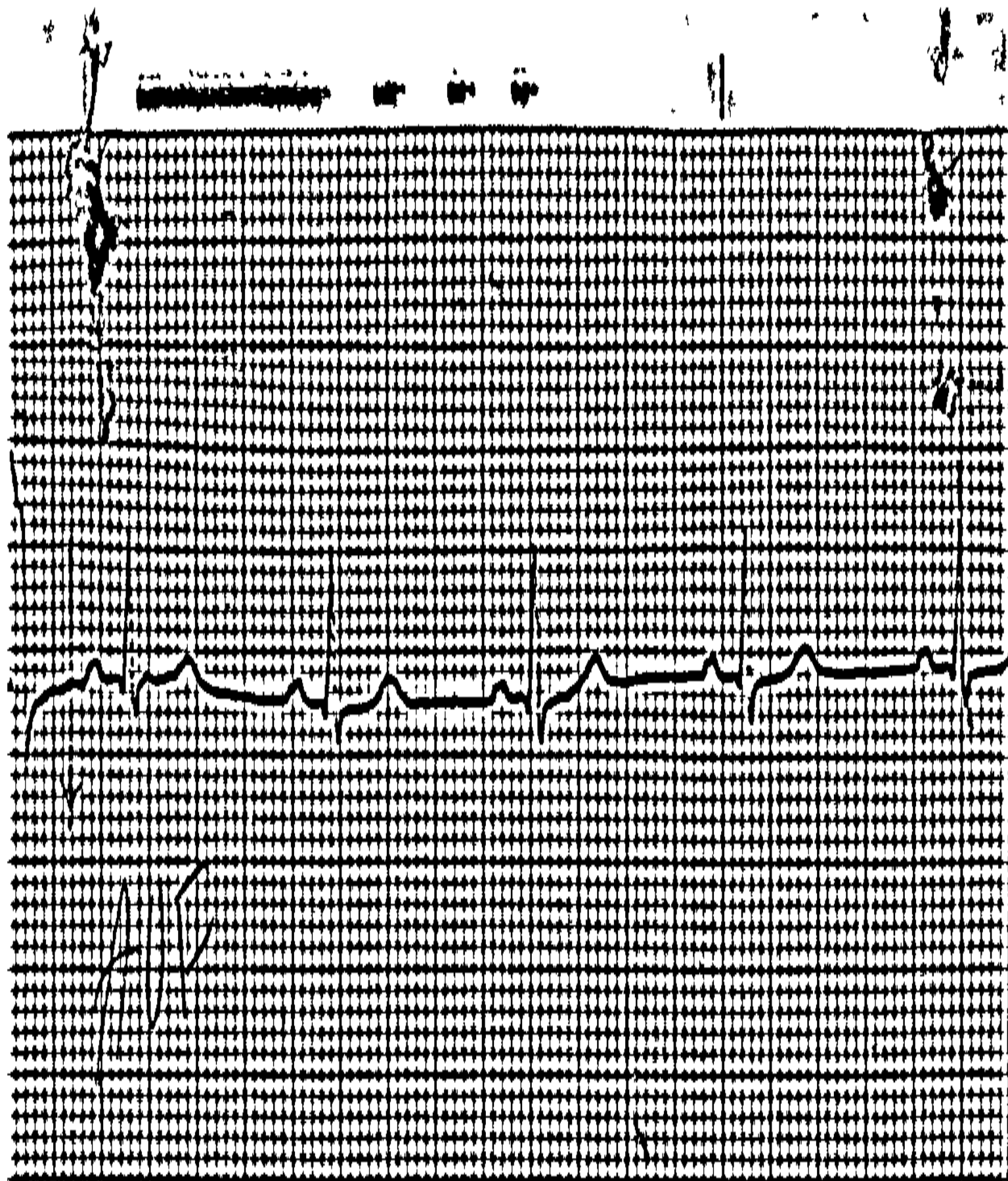




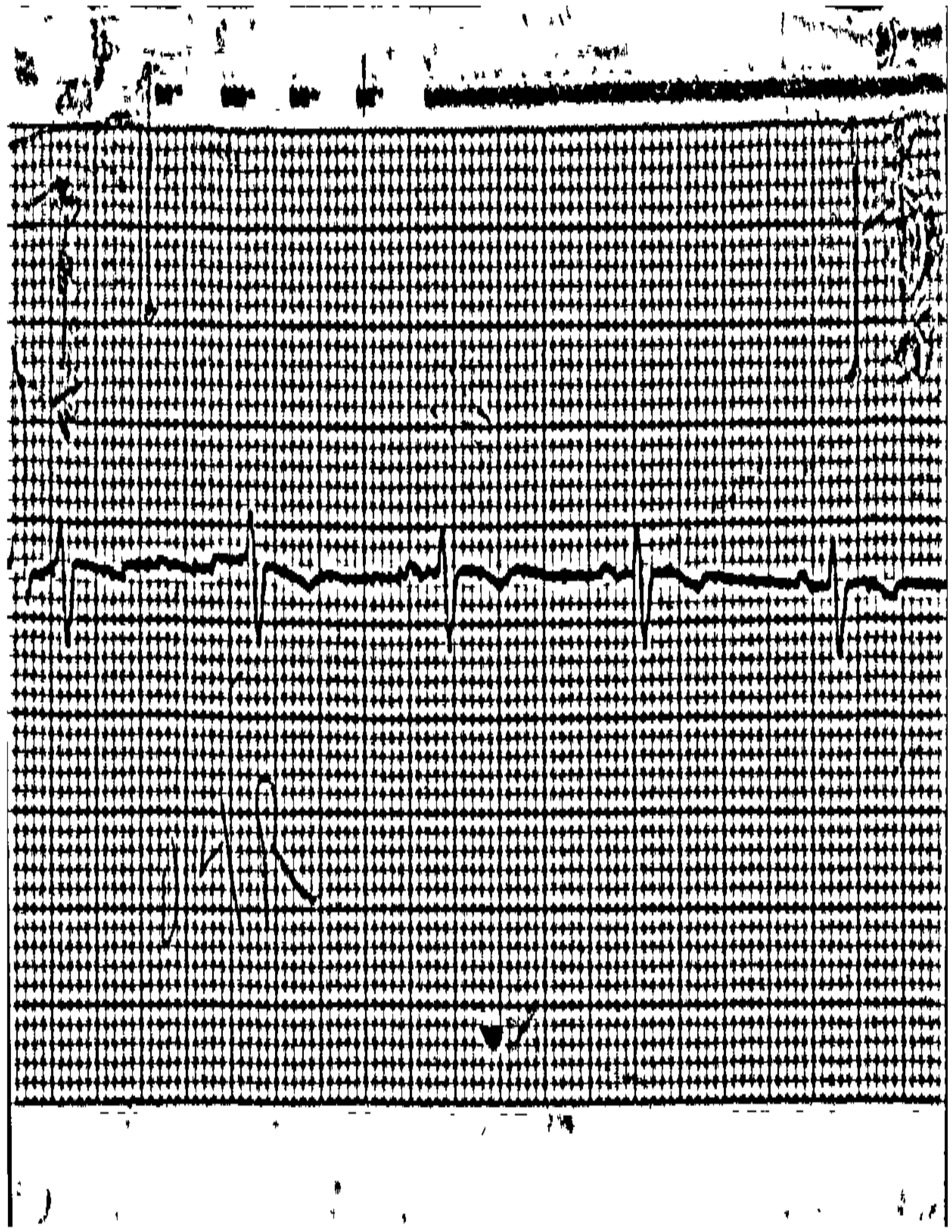


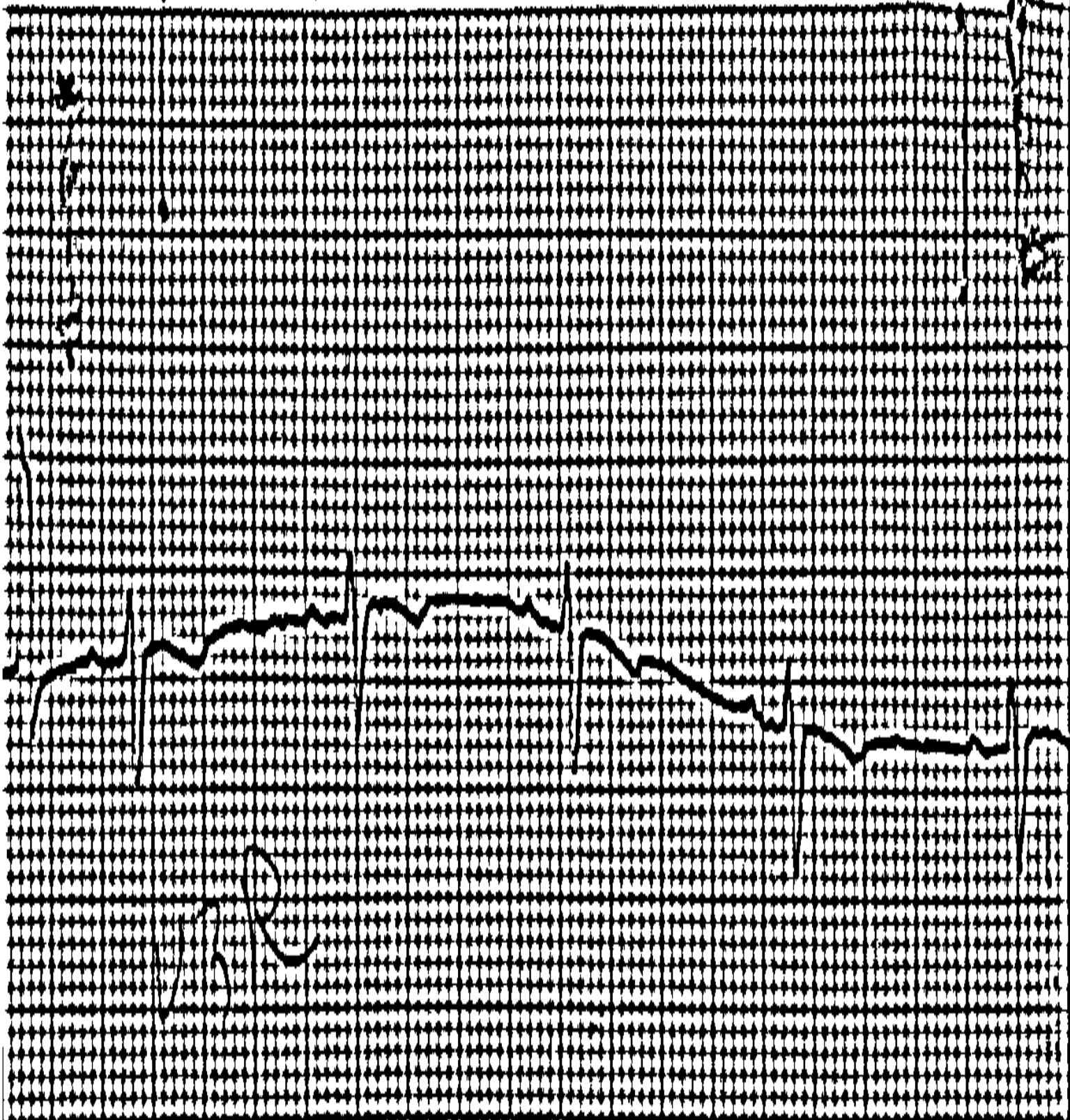
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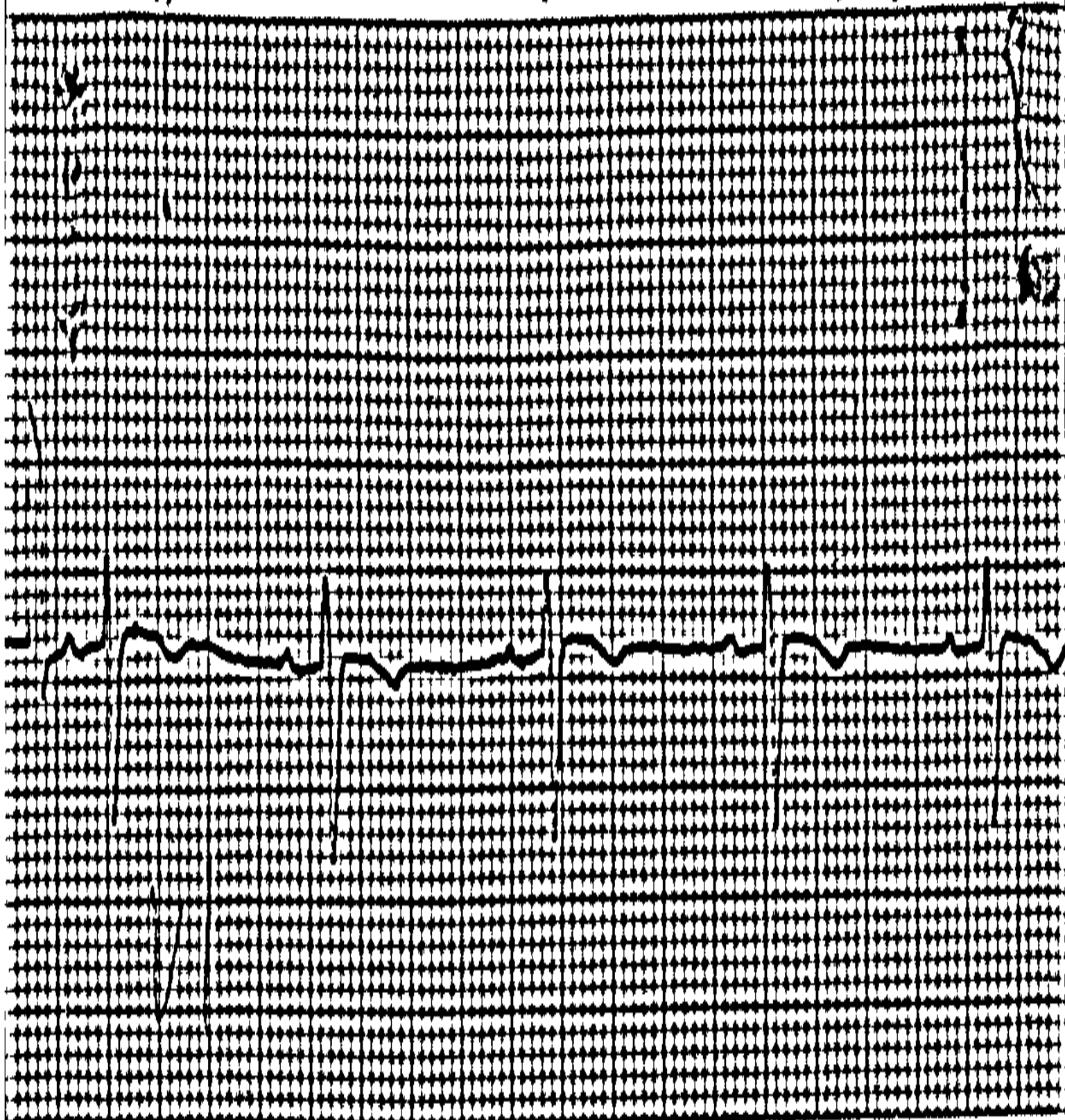
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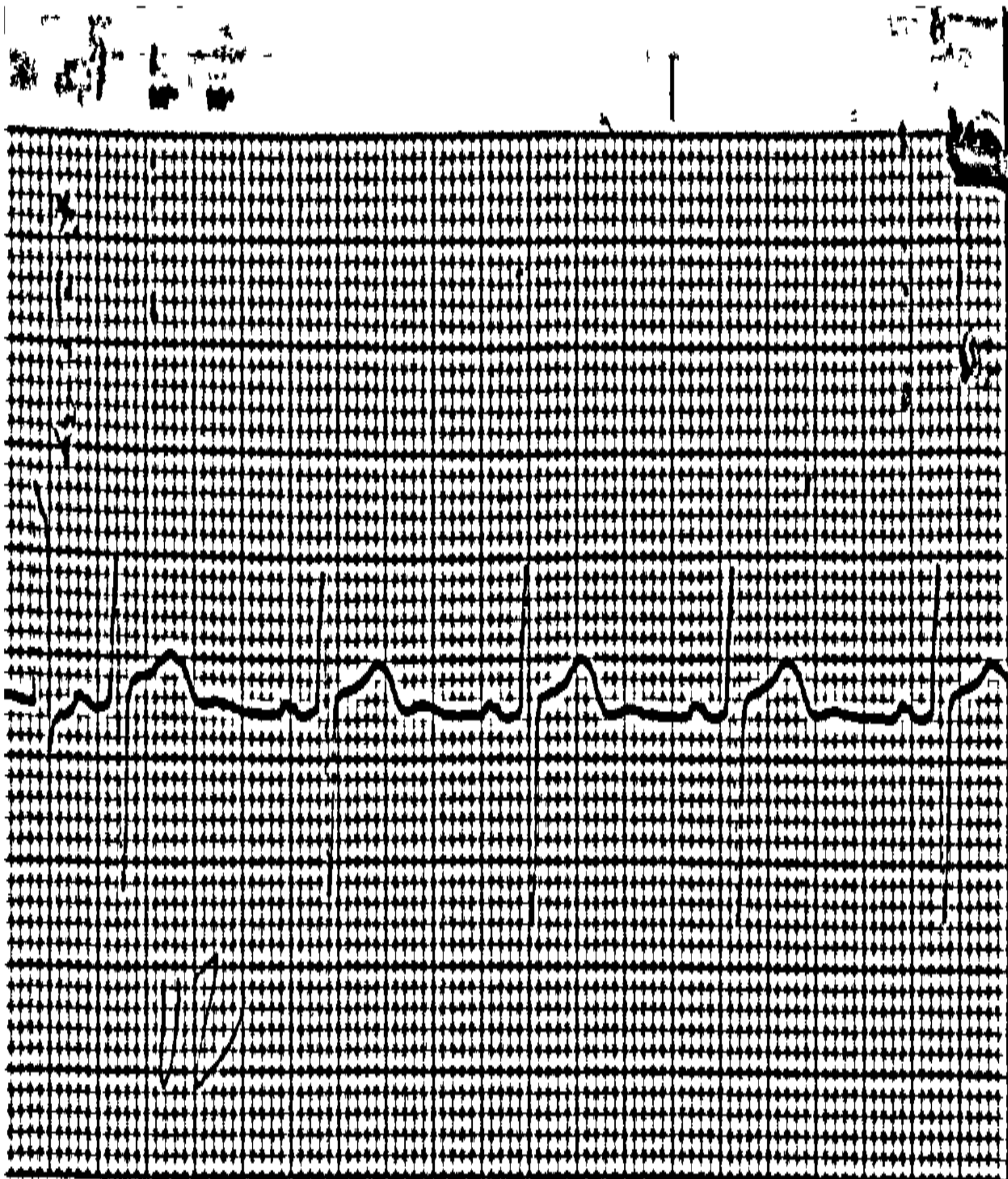
SANBORN VIS

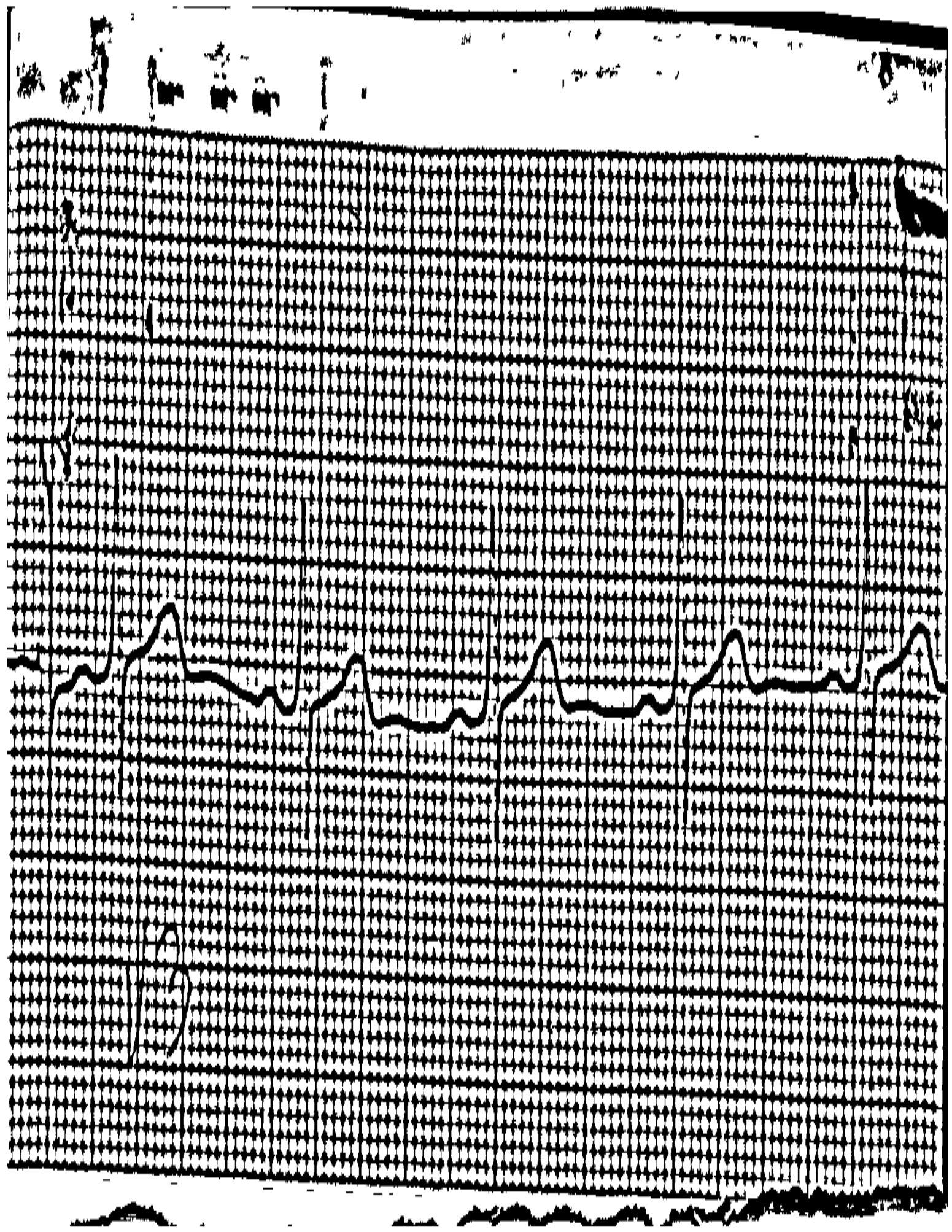


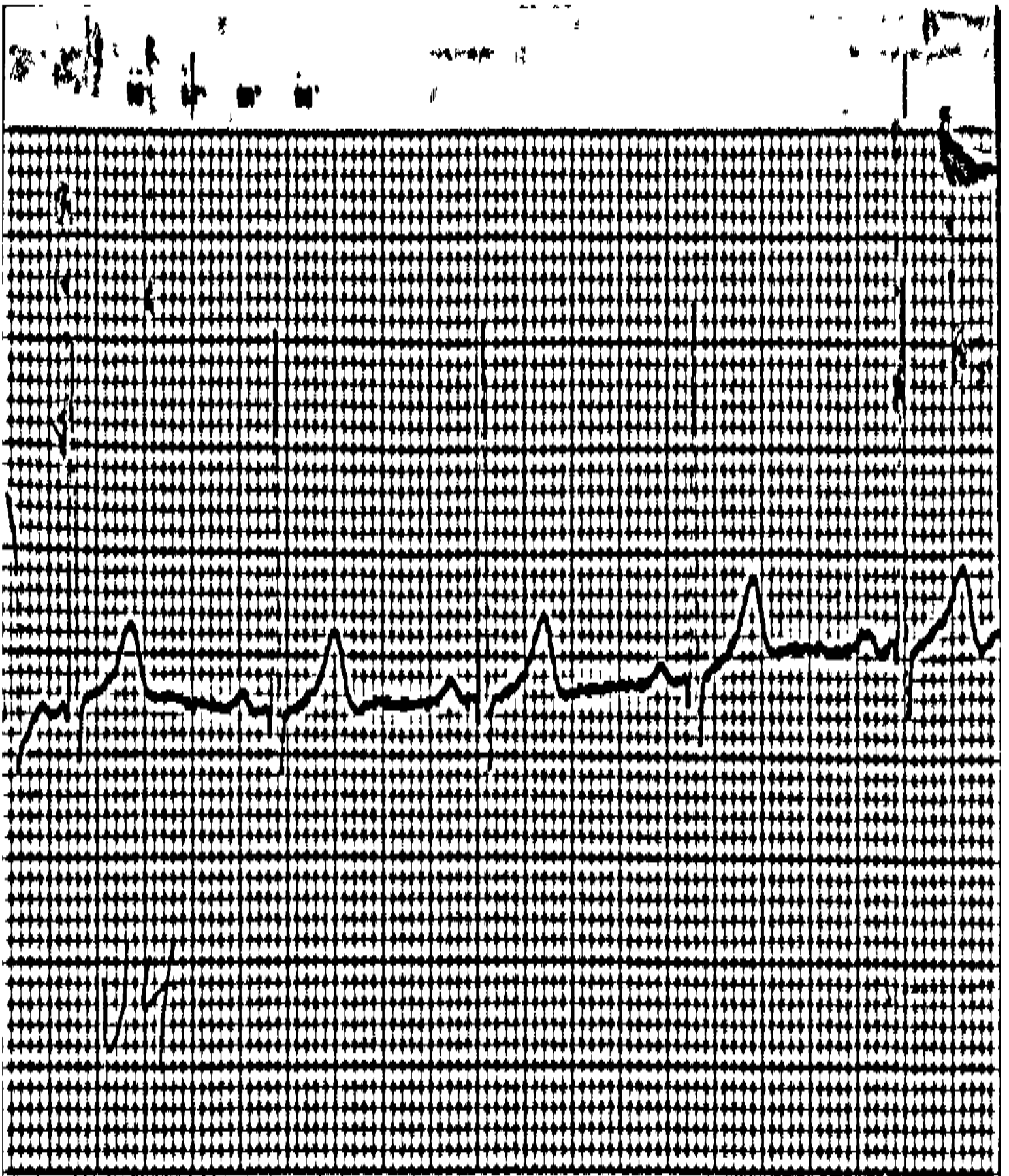




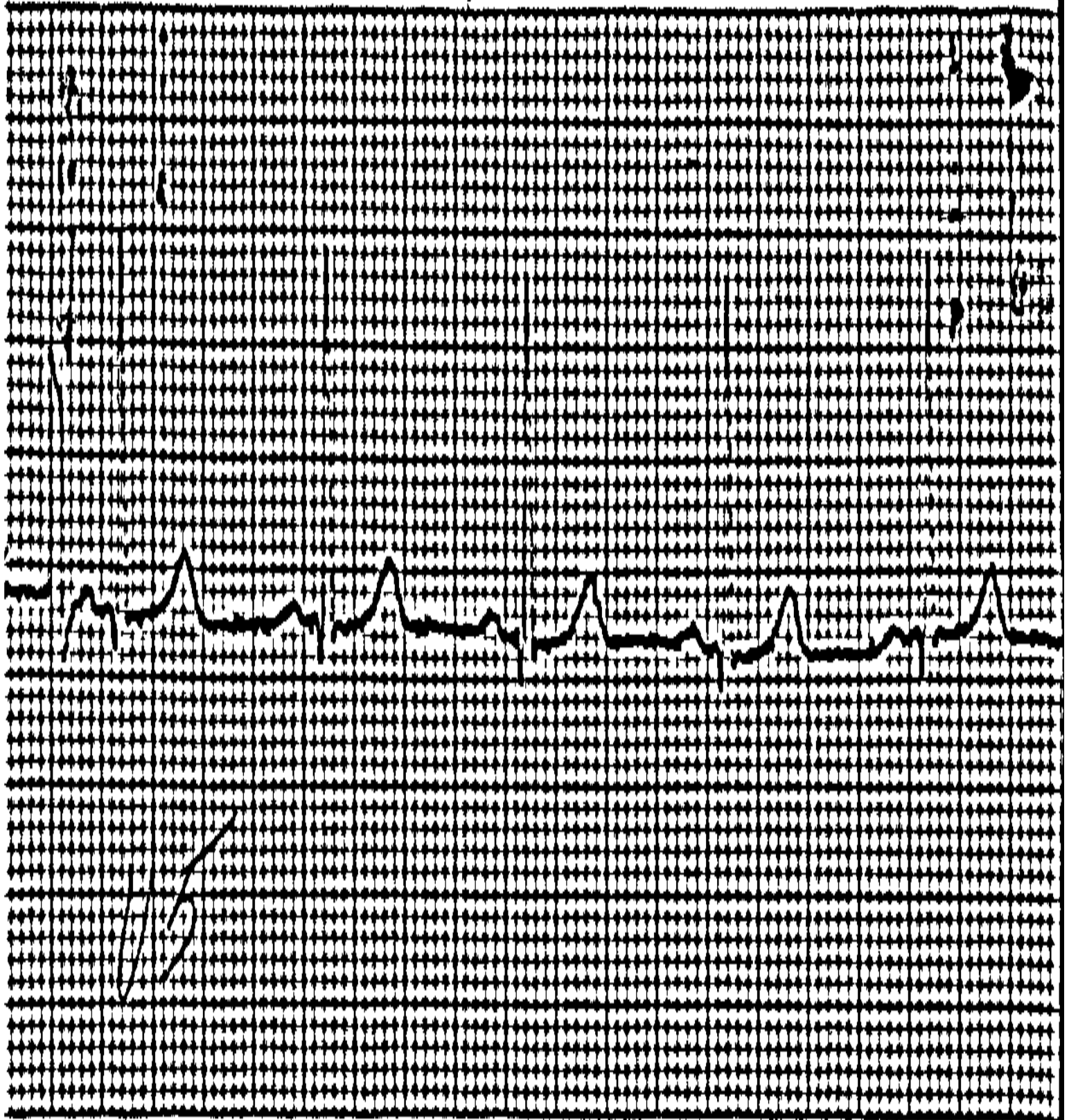
SANBORN VISO-CARDIETTE *Permapaper*

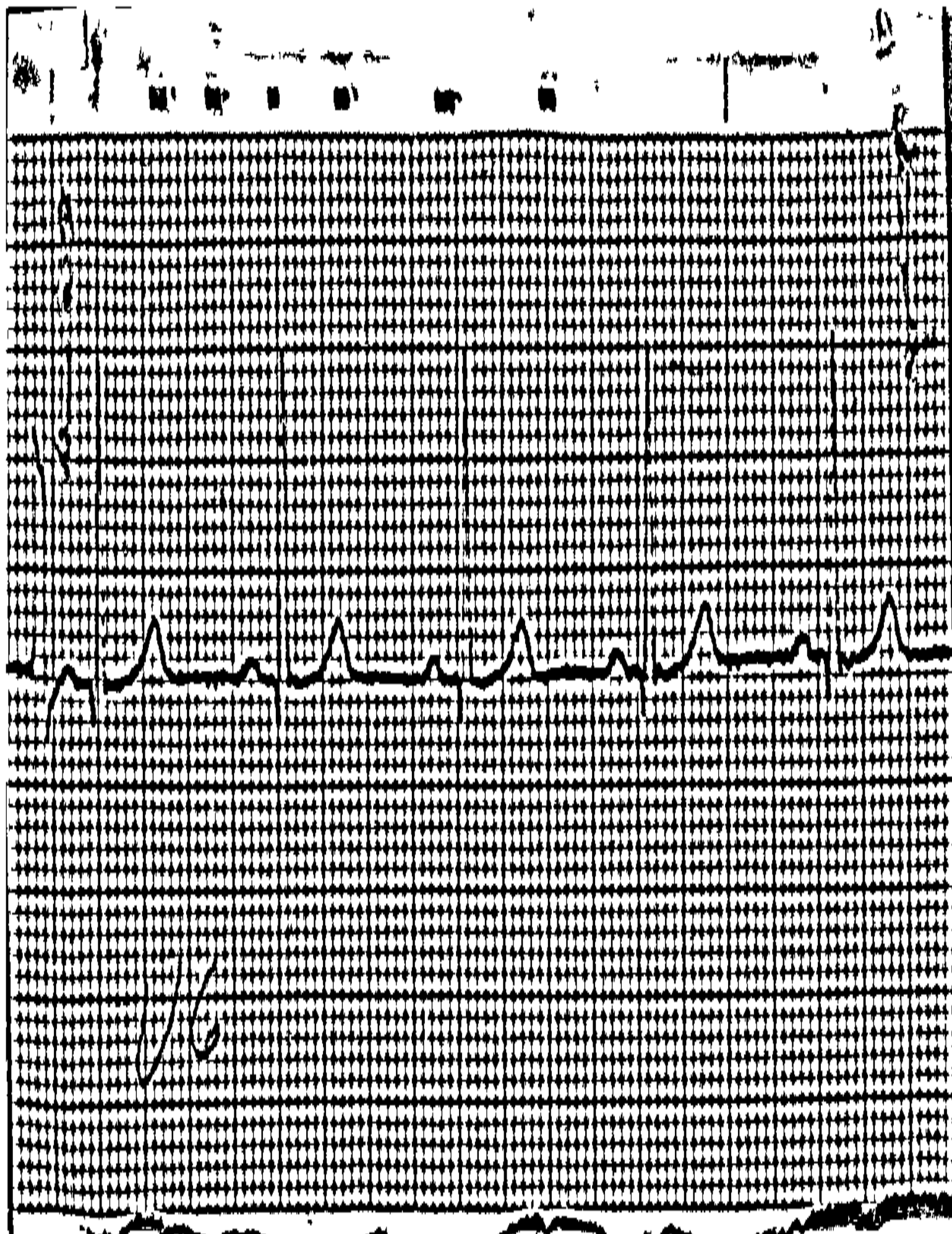






SANBORN VISO-CARDIETTE *Permapaper*





CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG ☐ YES ☐ NO	
CLINICAL IMPRESSION				MEDICATION				☐ EMERGENCY ☐ BEDSIDE ☐ ROUTINE ☐ AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
50	M		69	170		Dr. Johnston			4-3-57@1055
RHYTHM Normal Sinus				AXIS DEVIATION (QRS) 30°			RATES AURIC. VENT. 75		
INTERVALS				P WAVES					
PR .12 QRS .06 QT .30									
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

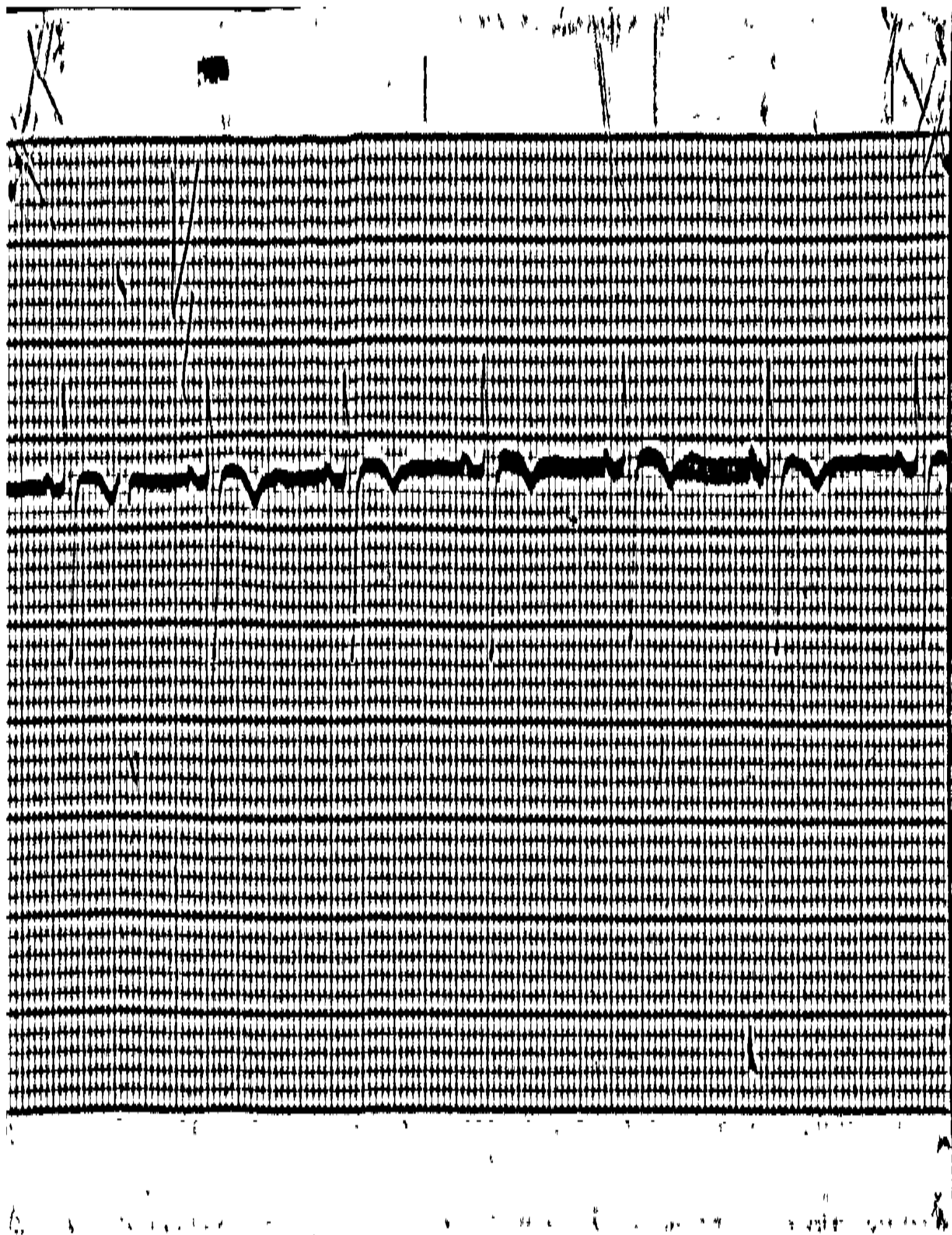
1. Within normal limits
2. No significant change since 4-2-56

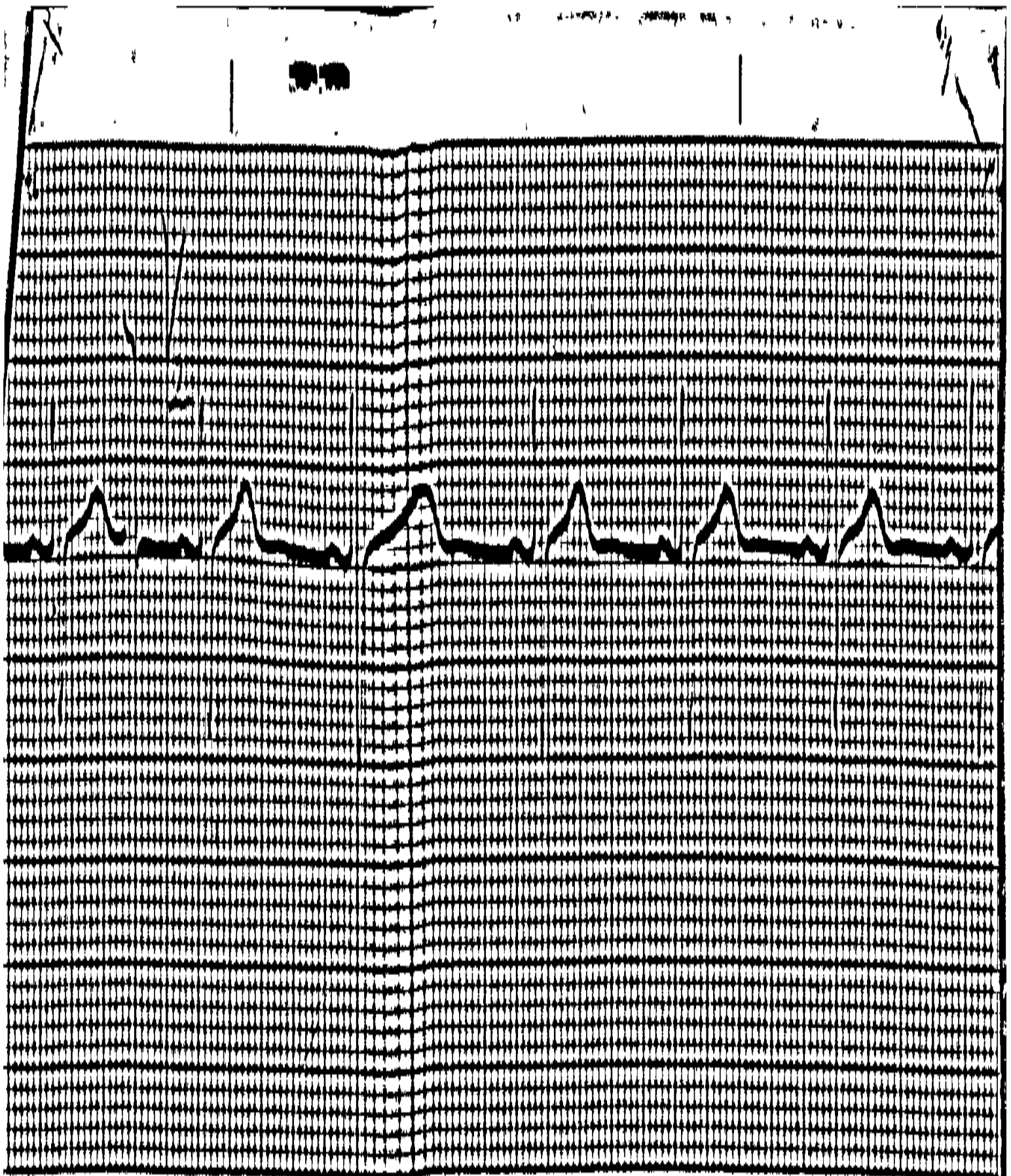
(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG 20937	P Dreizen/dp	LT MC USNR	4-4-57
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
		20937	St 01

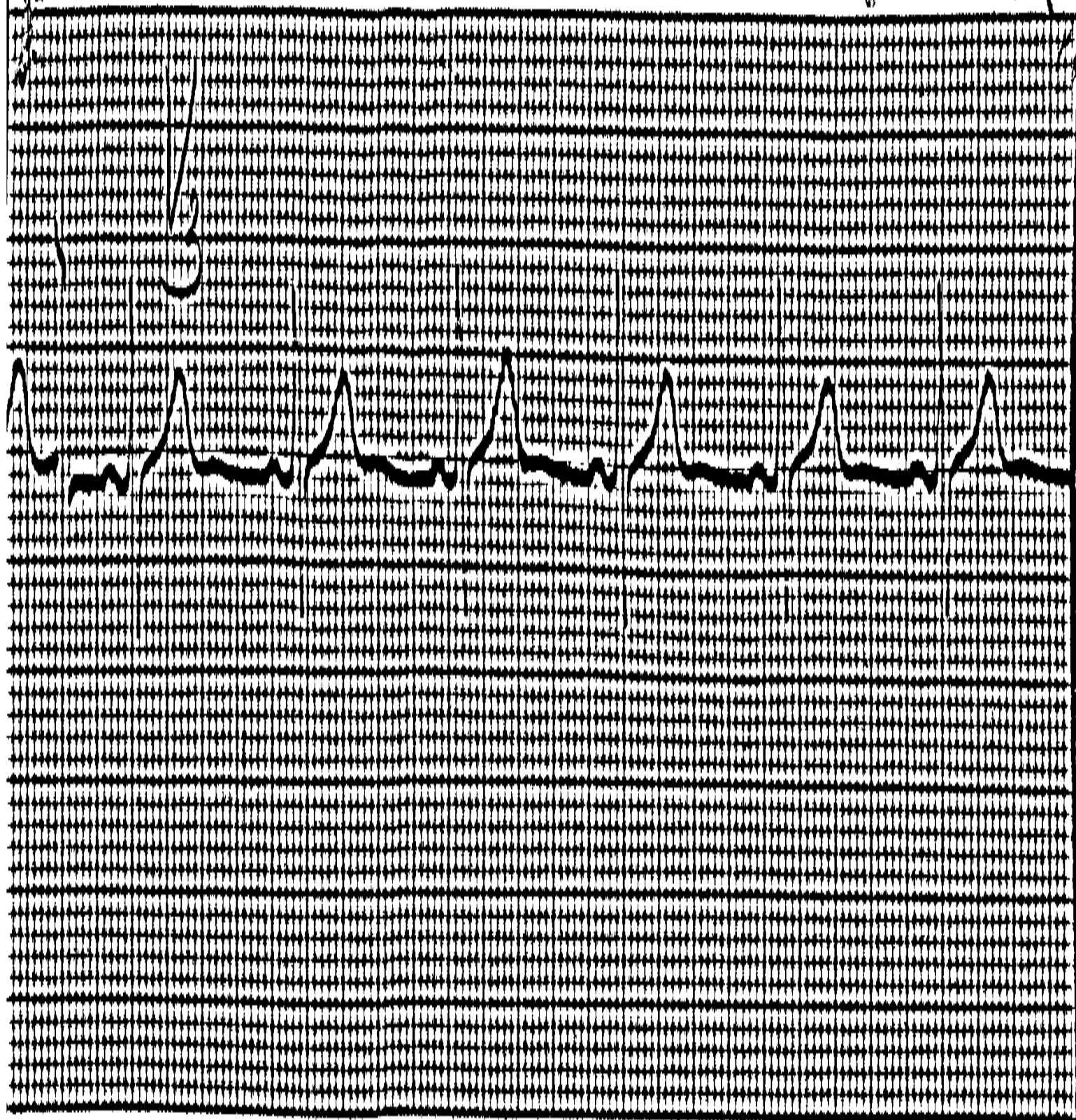
COX, PAUL FBI
USNH NMC BETHESDA, MD.

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

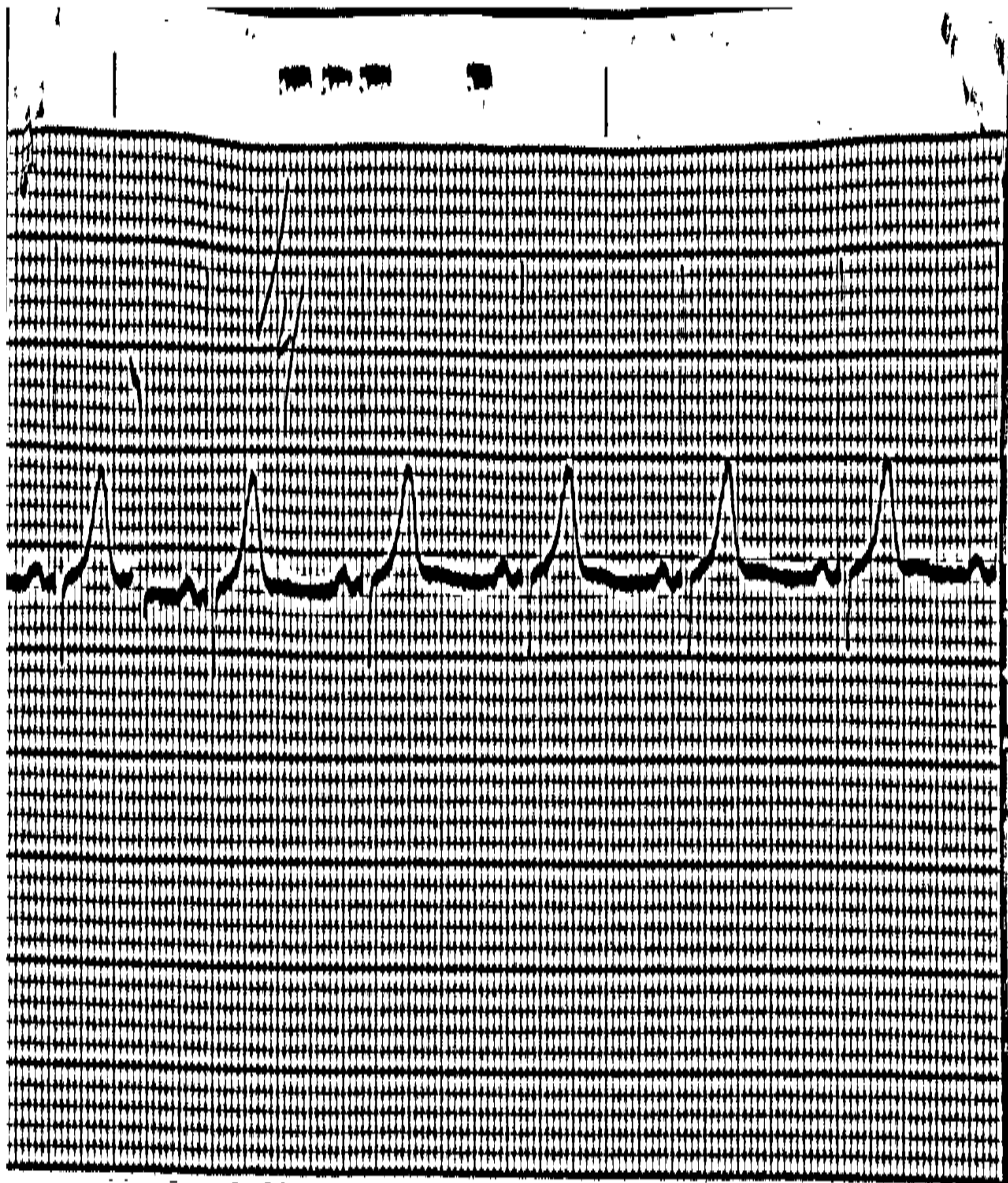


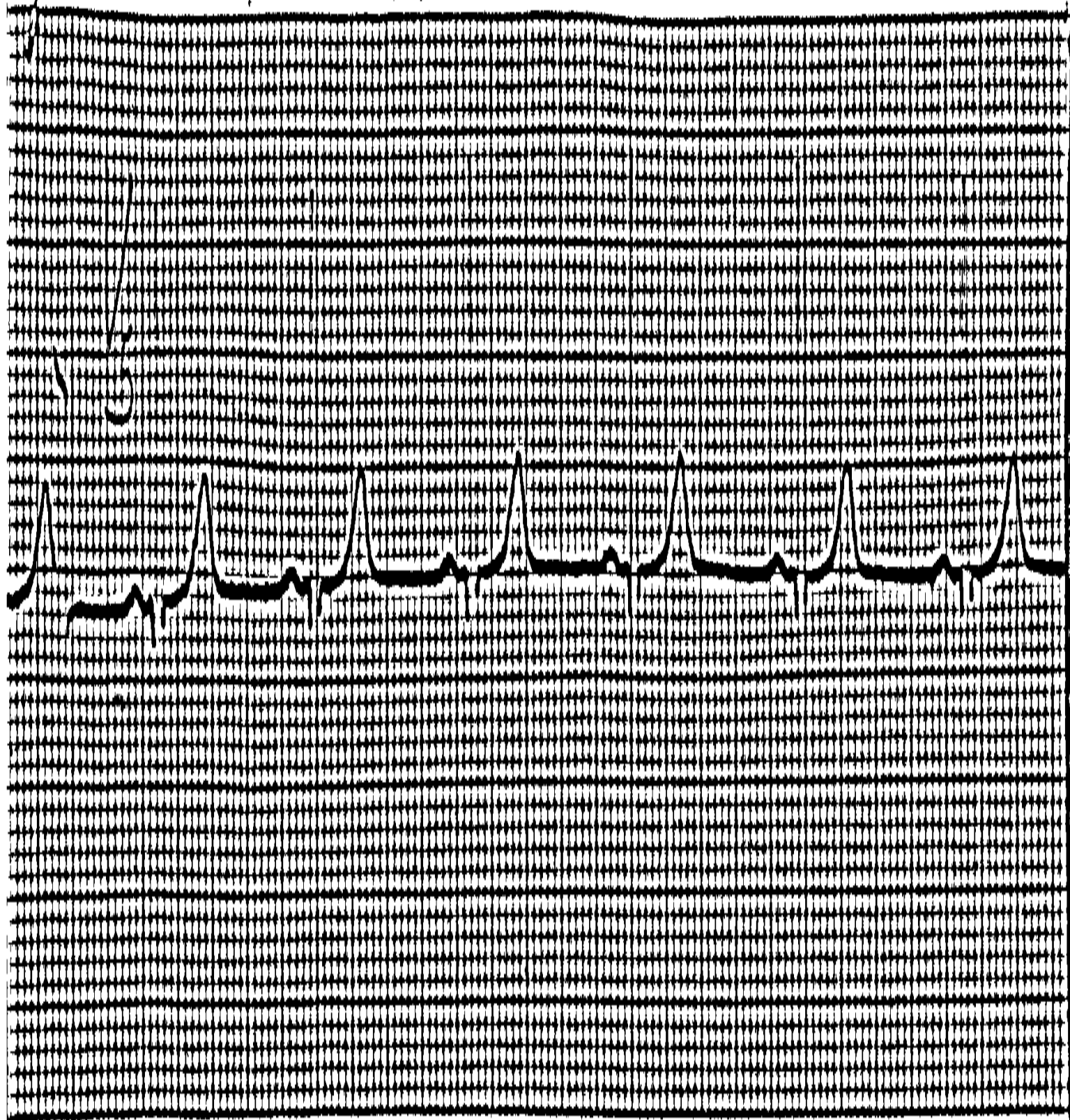


SANBORN VISO-CARDIE



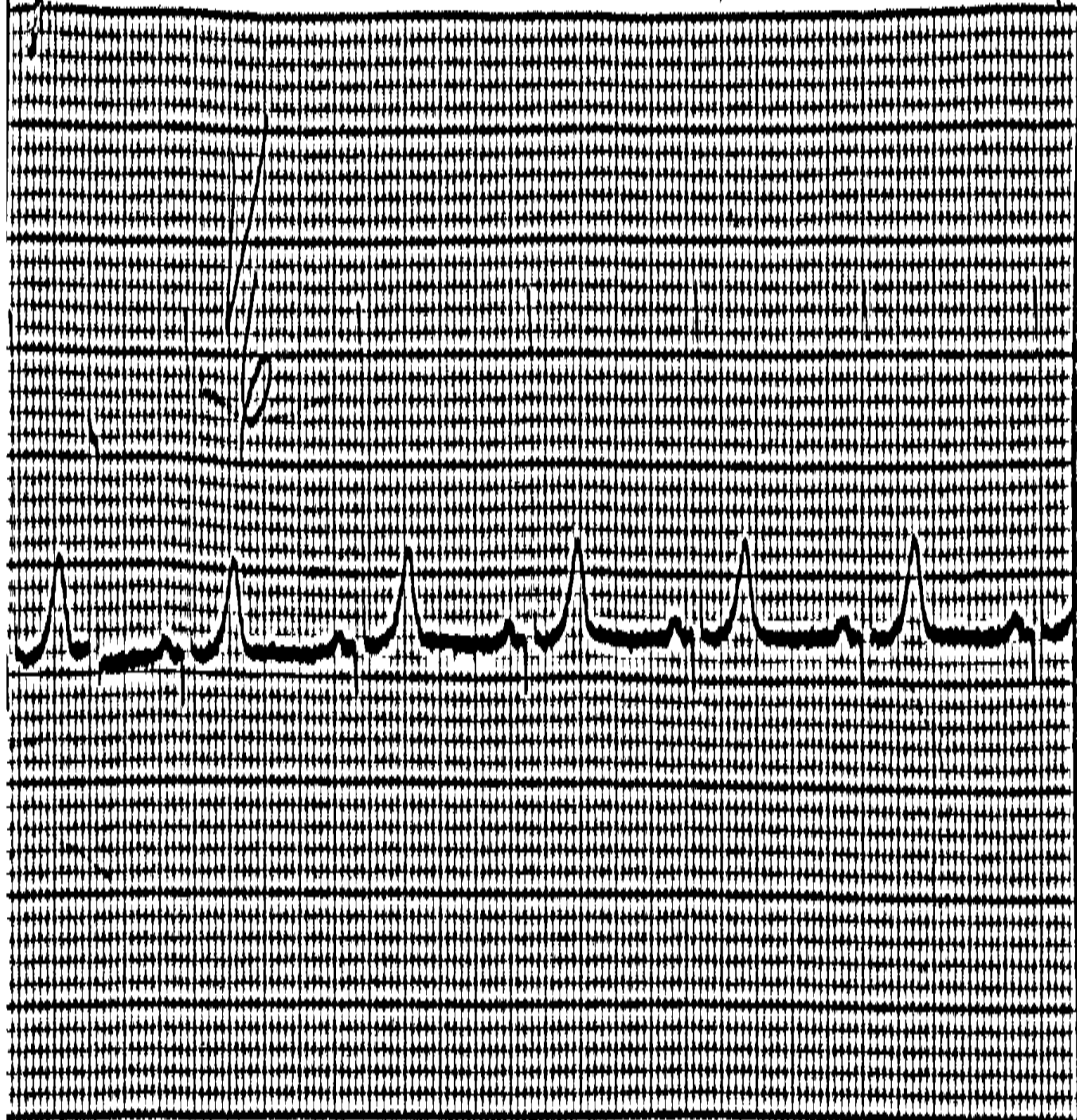
SANBORN VISO-CARDIETTE *Permapaper*



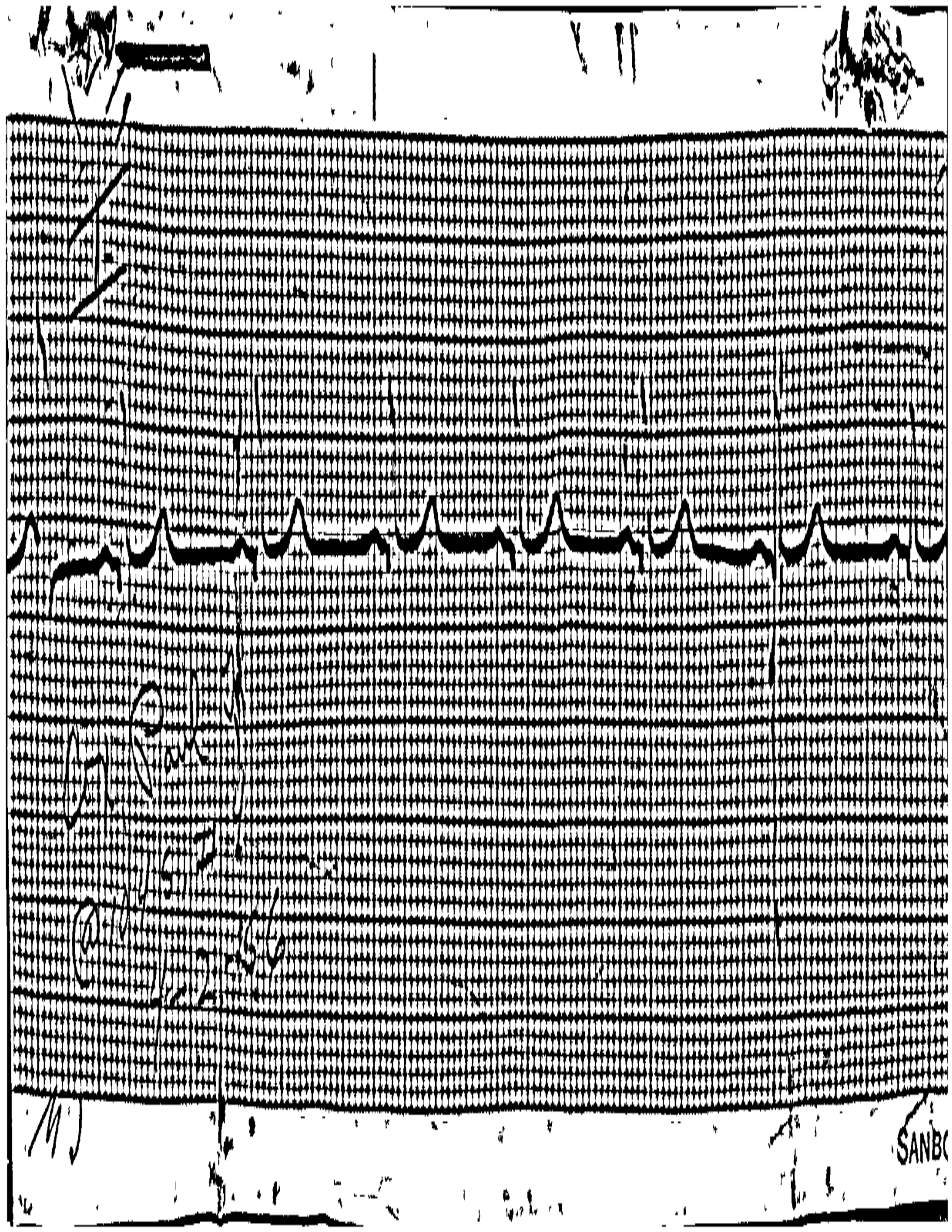


SANBORN VISO-CARDIETTE *Permapaper*

1 2 3 4 5 6



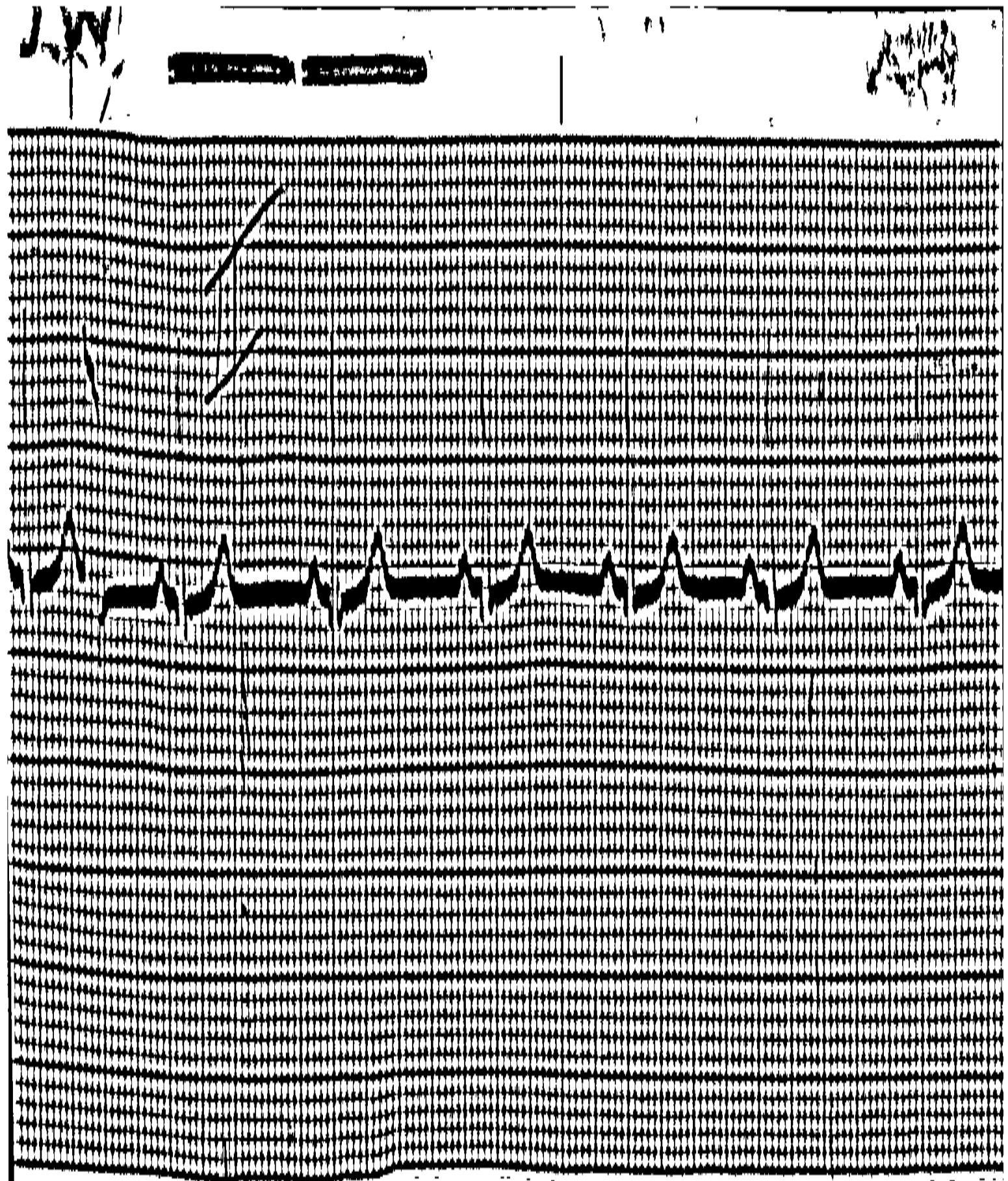
2rmmapaper



11

P

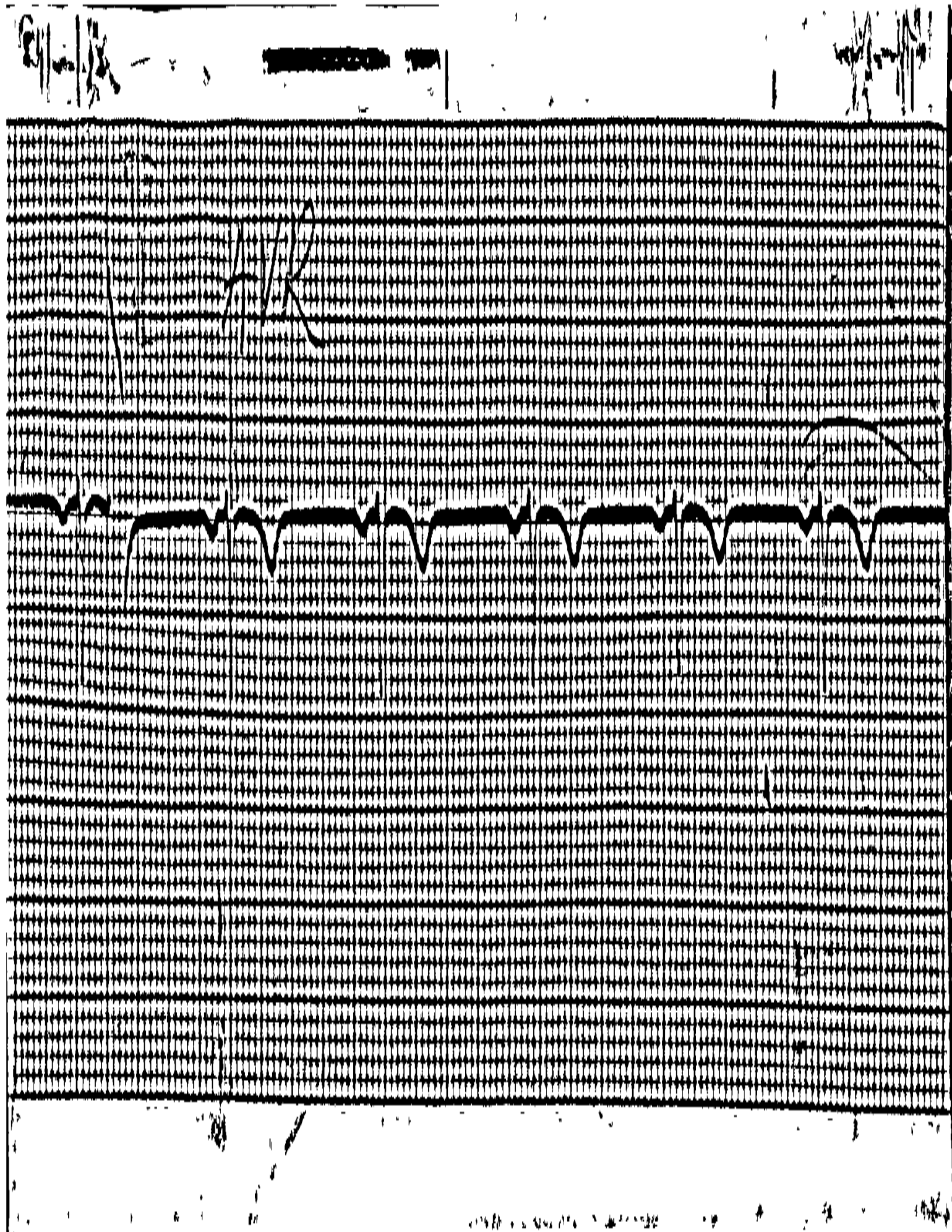
SANBO



11 J

SANBORN VISO-CARDIETTE *Permapaper*

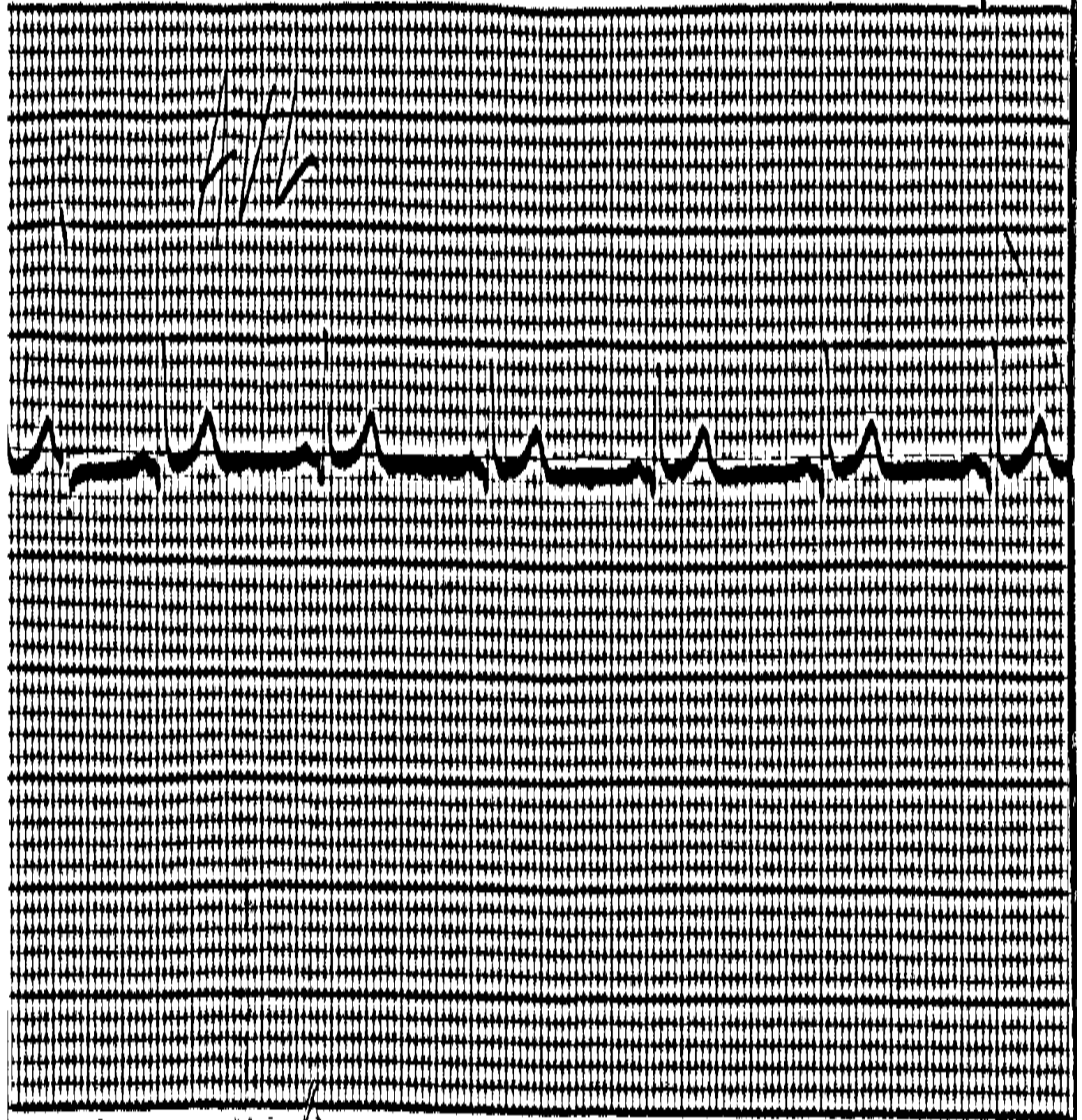
SANBORN VISO-CARDIETTE *Permapaper*



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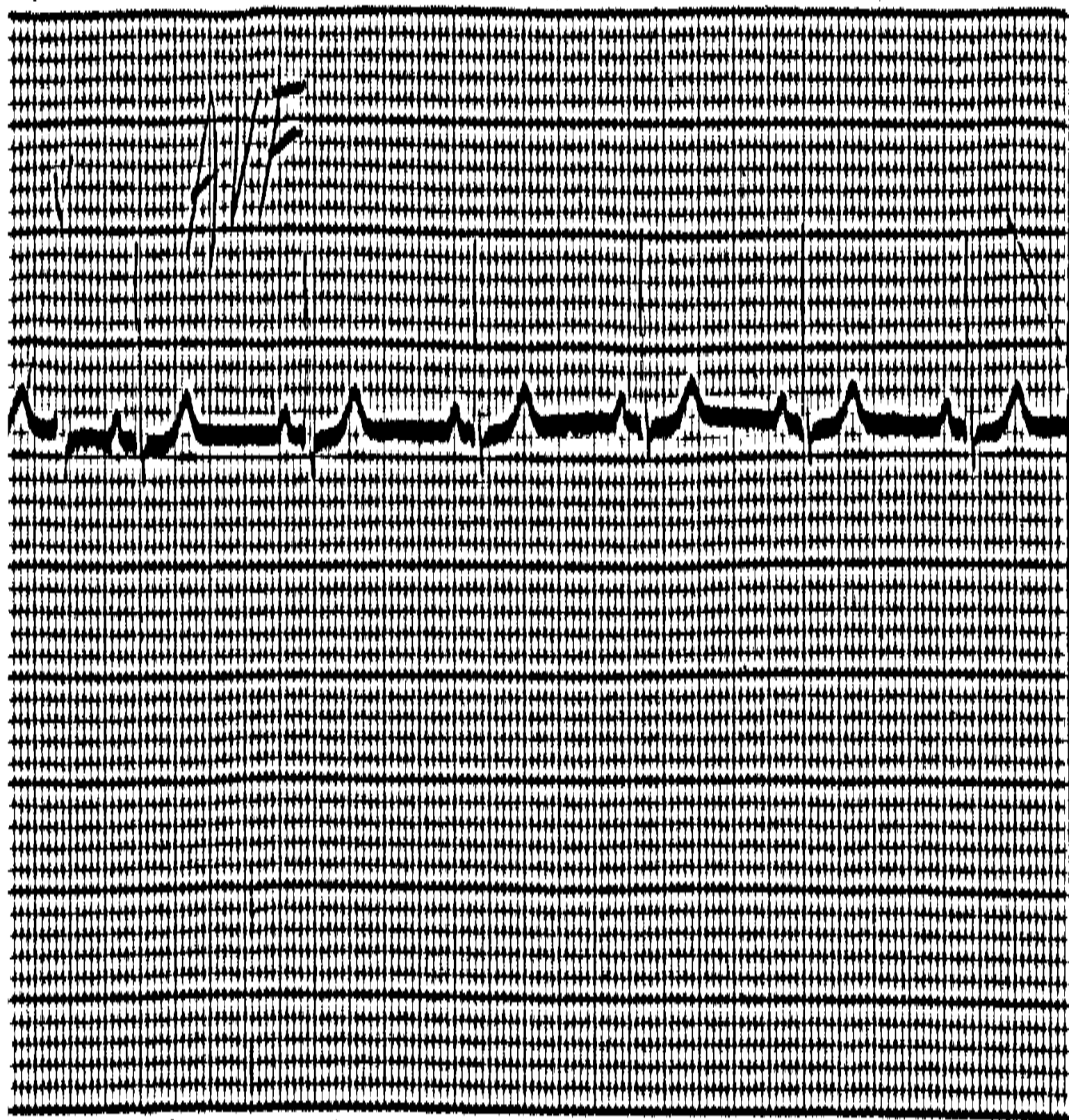
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Handwritten notes at the top right of the page.



Handwritten notes and a signature at the bottom left of the page.

SANBORN VI



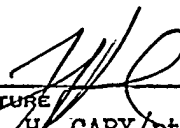
SANBORN VISO-CARDIETTE *Permapaper*

CLINICAL RECORD					ELECTROCARDIOGRAPHIC RECORD					PREVIOUS ECG ☐ YES ☐ NO	
CLINICAL IMPRESSION					MEDICATION					☐ EMERGENCY	☐ BEDSIDE
										☐ ROUTINE	☐ AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN				DATE	
49	M		69"	165		Dr. Johnston				4-2-56	
RHYTHM					AXIS DEVIATION (QRS)			RATES @ 1045			
Normal sinus								AURIC. VENT. 64			
INTERVALS					P WAVES						
PR	.14	QRS	.08	QT	.34						
QRS COMPLEXES											
RS-T SEGMENT					T WAVES						
UNIPOLAR EXTREMITY LEADS (Specify)											

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Within normal limits.

NO. ECG 20937		SIGNATURE  F. H. CARY/pt		TITLE LT MC USNR		DATE 4-4-56	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)						REGISTER NO.	
COX, Paul L. F.B.I.						WARD NO. St. Clinic	

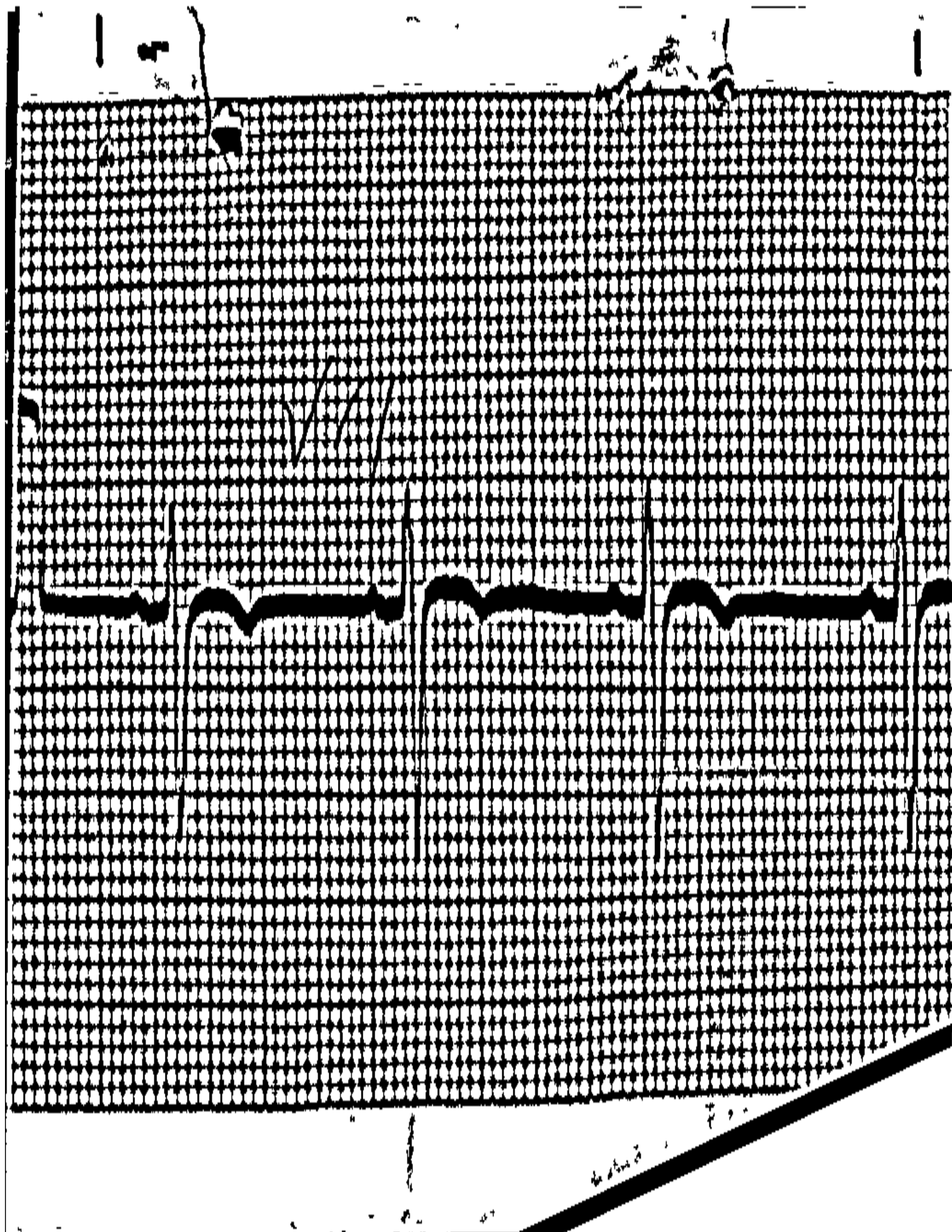
ELECTROCARDIOGRAPHIC RECORD

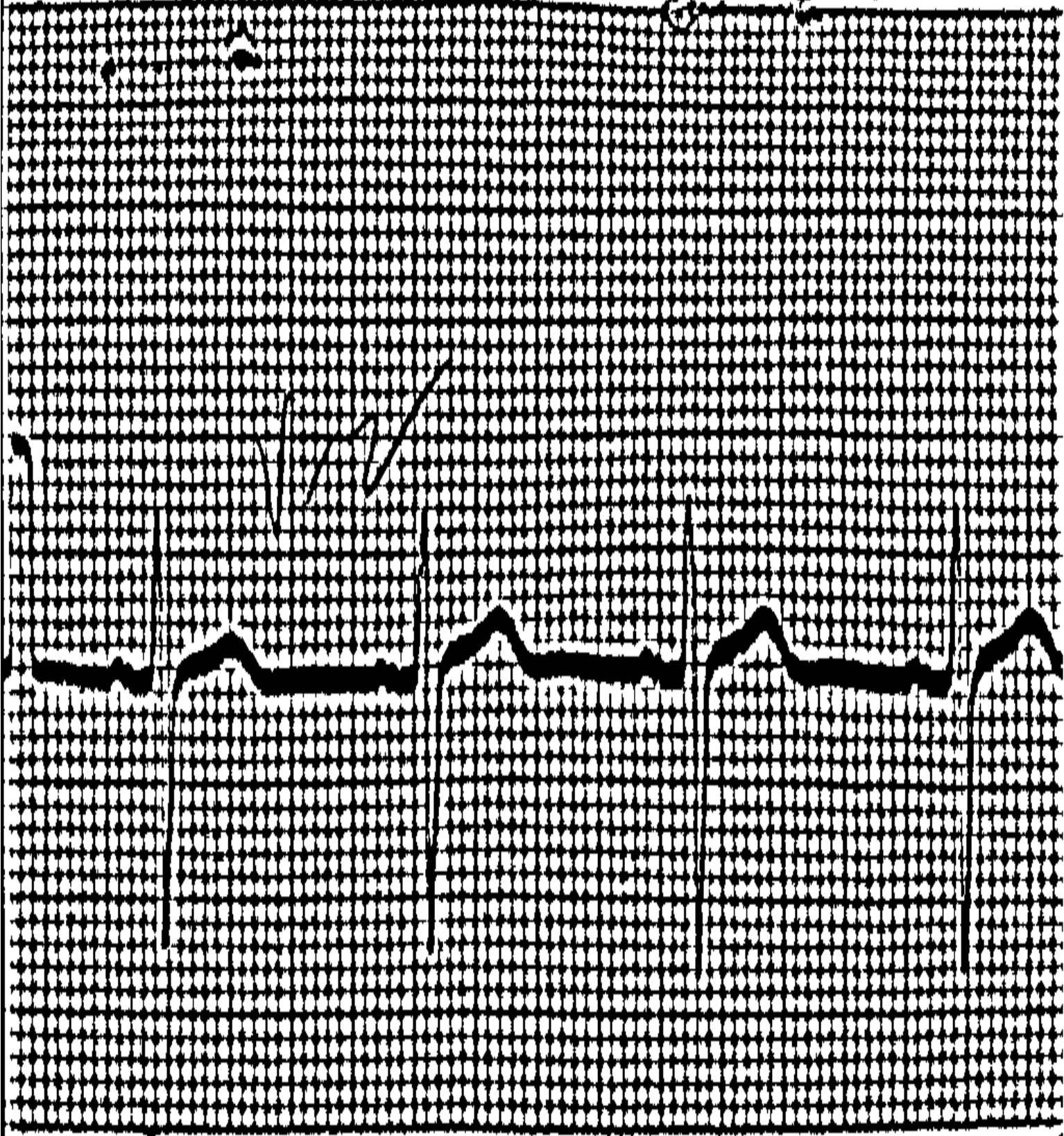
Standard Form 520

(Attach tracings to S. F. 507)

USNH, BETHESDA, MD.

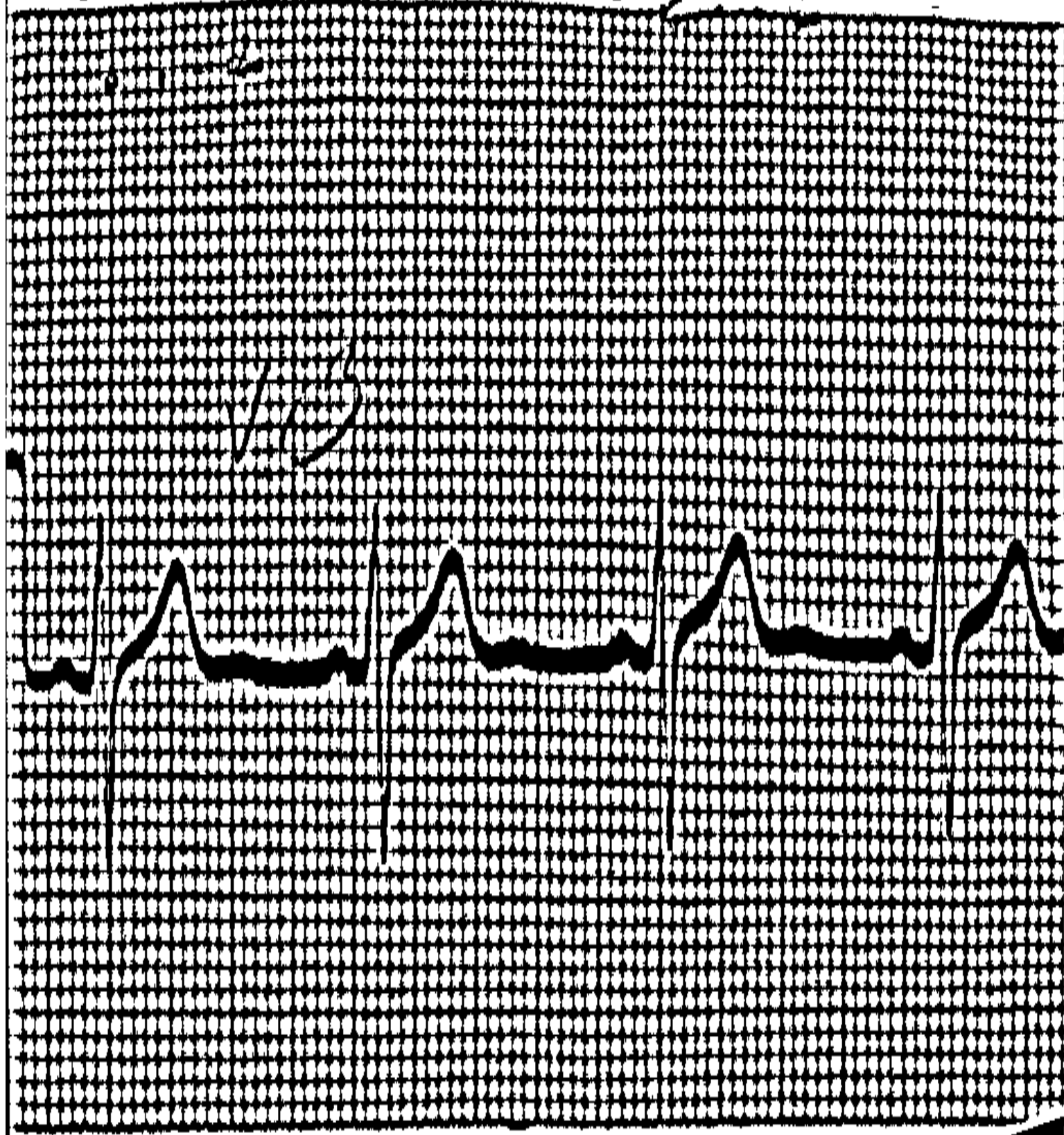






05 05 05

1



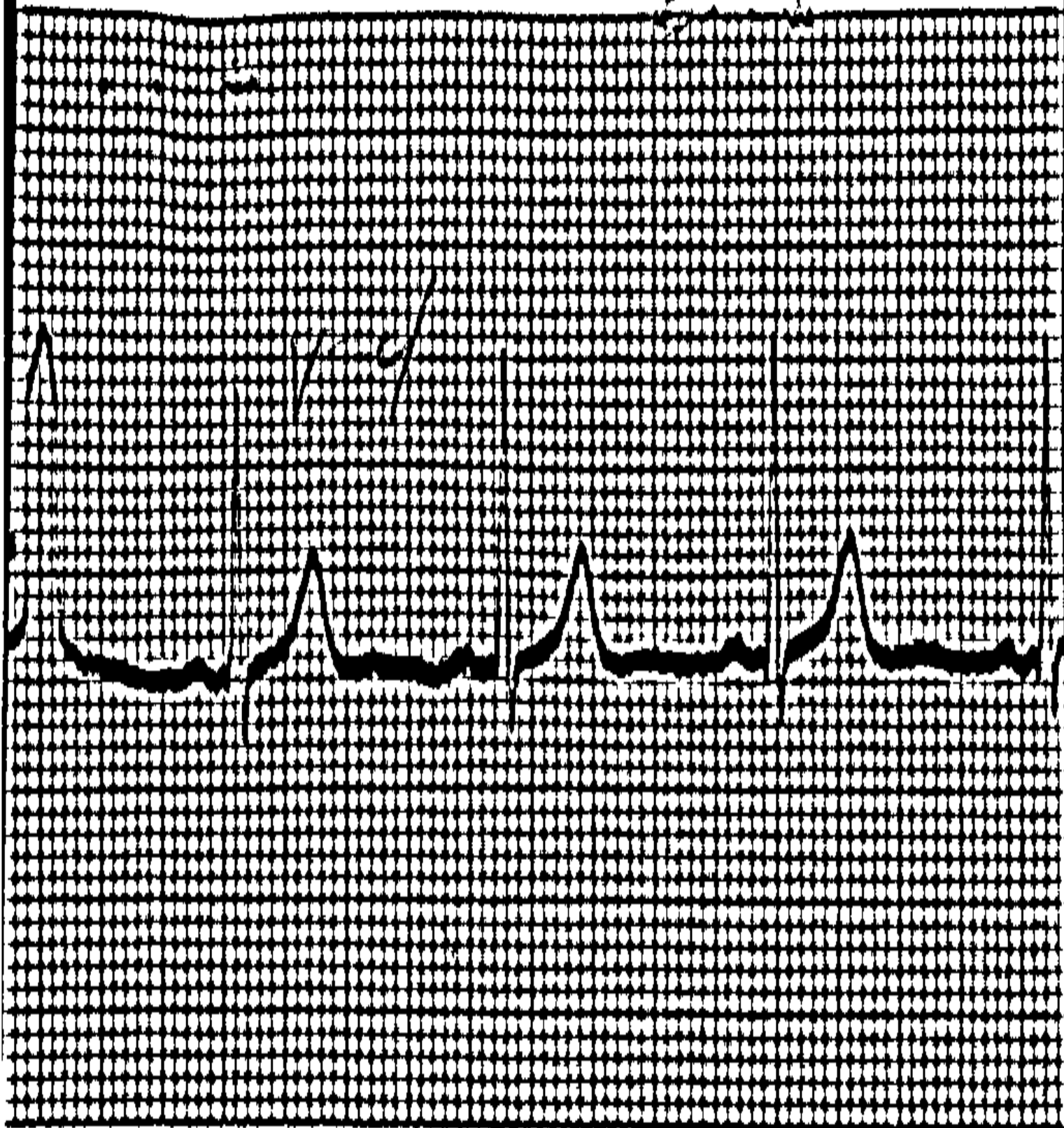
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3

4

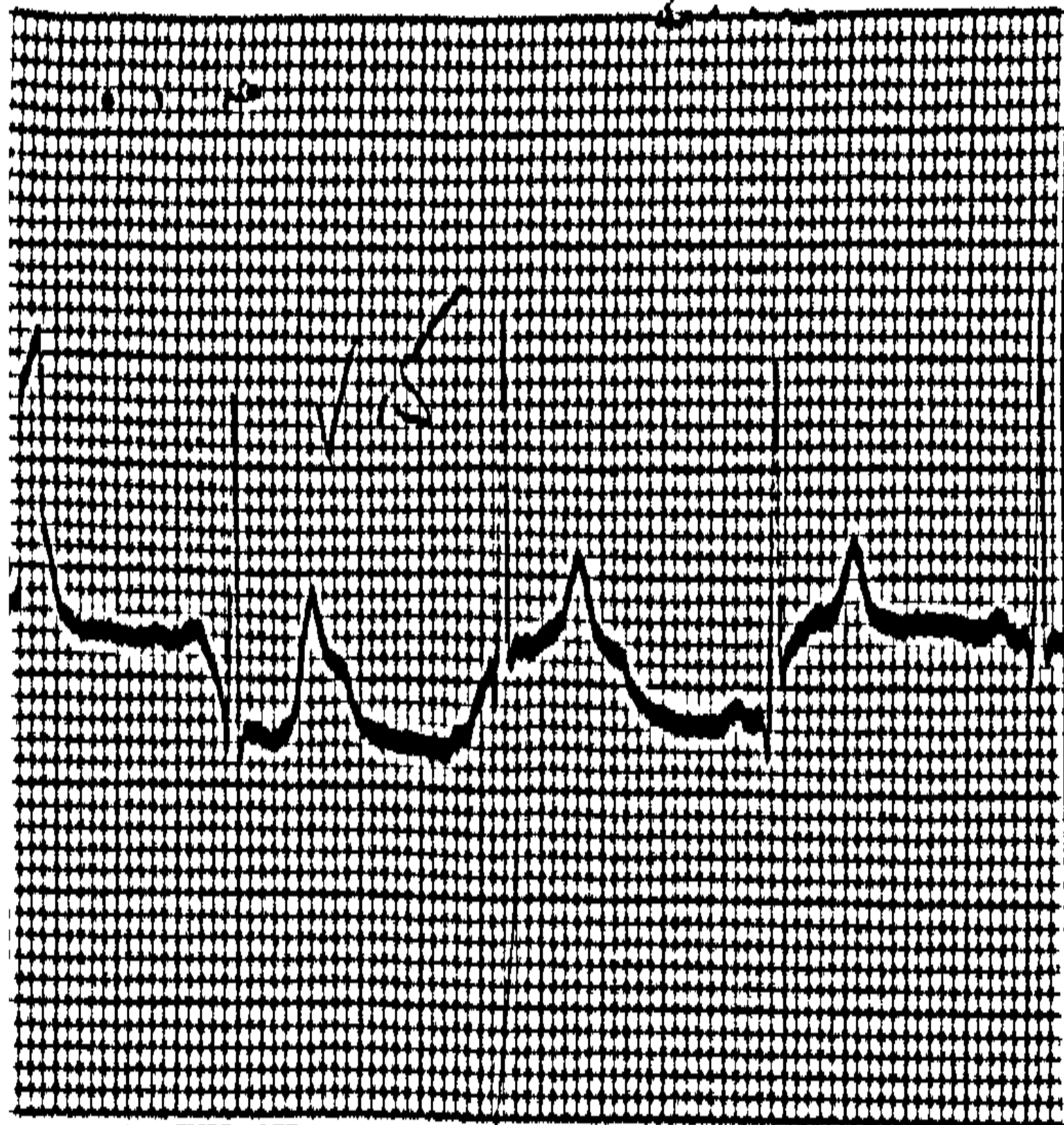
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6



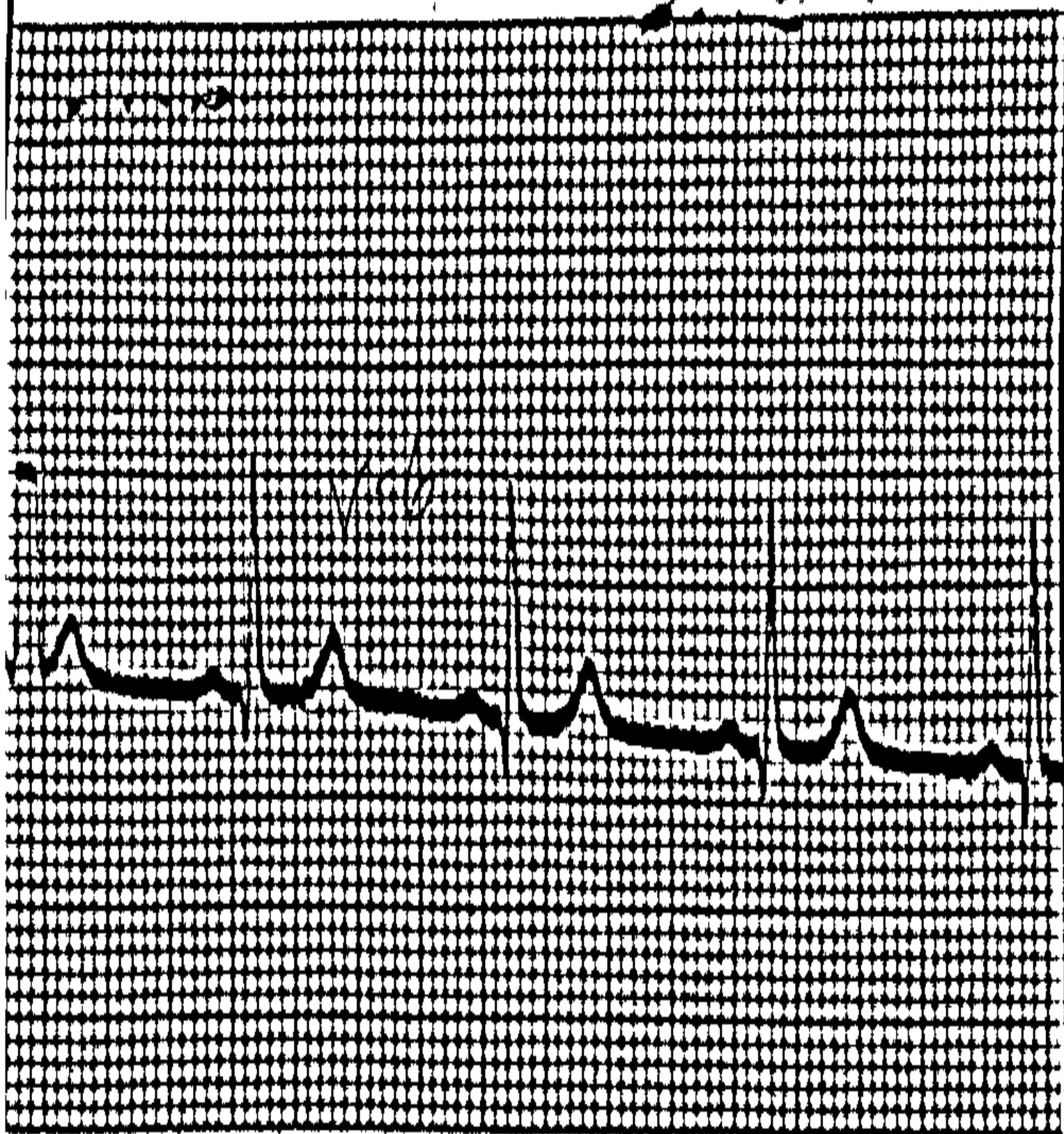
E Permapaper

1 2 3 4 5

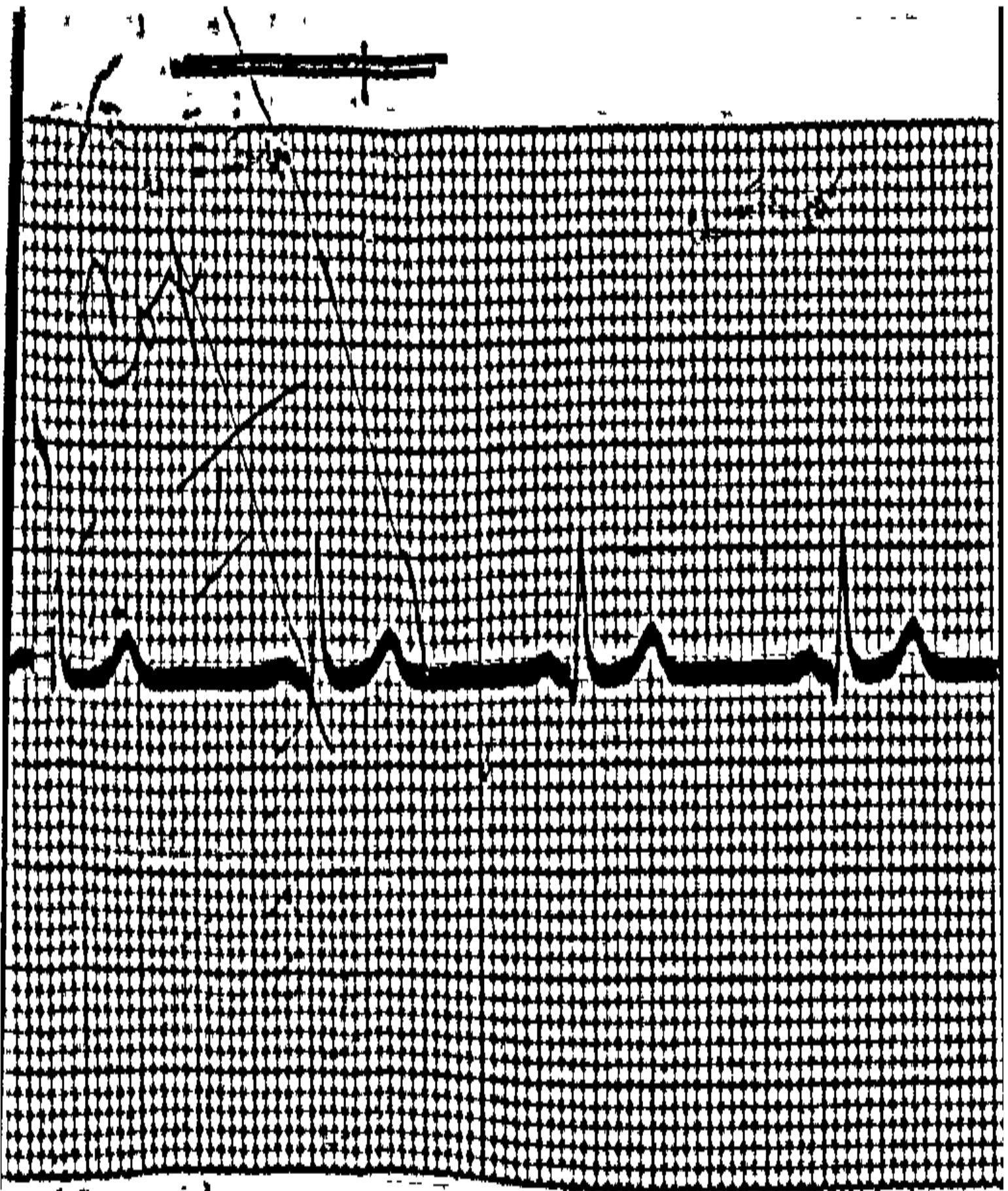


RDLETTE Permapaper

1 2 3 4 5 6



DIETTE *Permapaper*



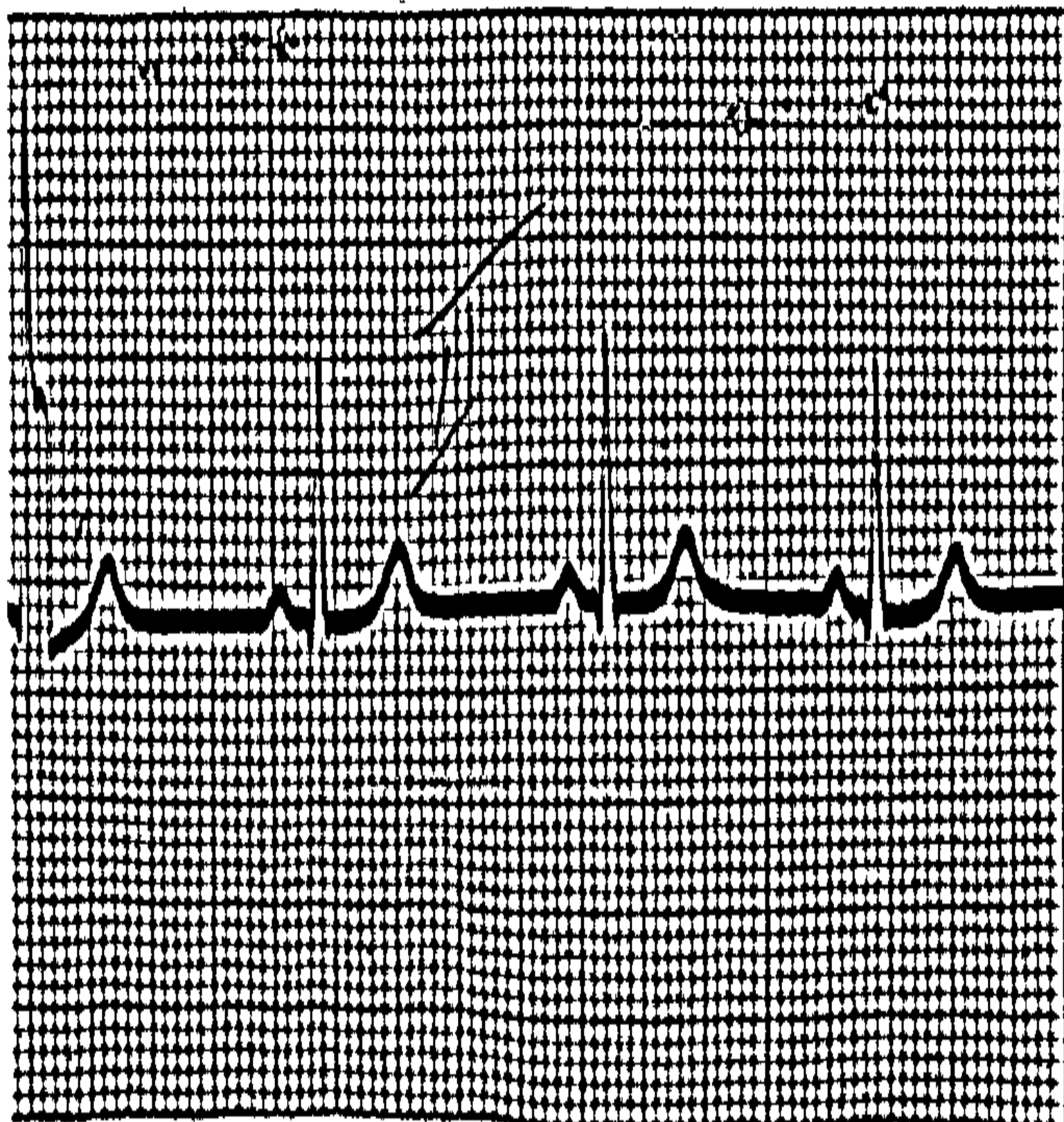
SANBORN VISO-CARDIETTE *Pe*

Coy, Paul L. FBI

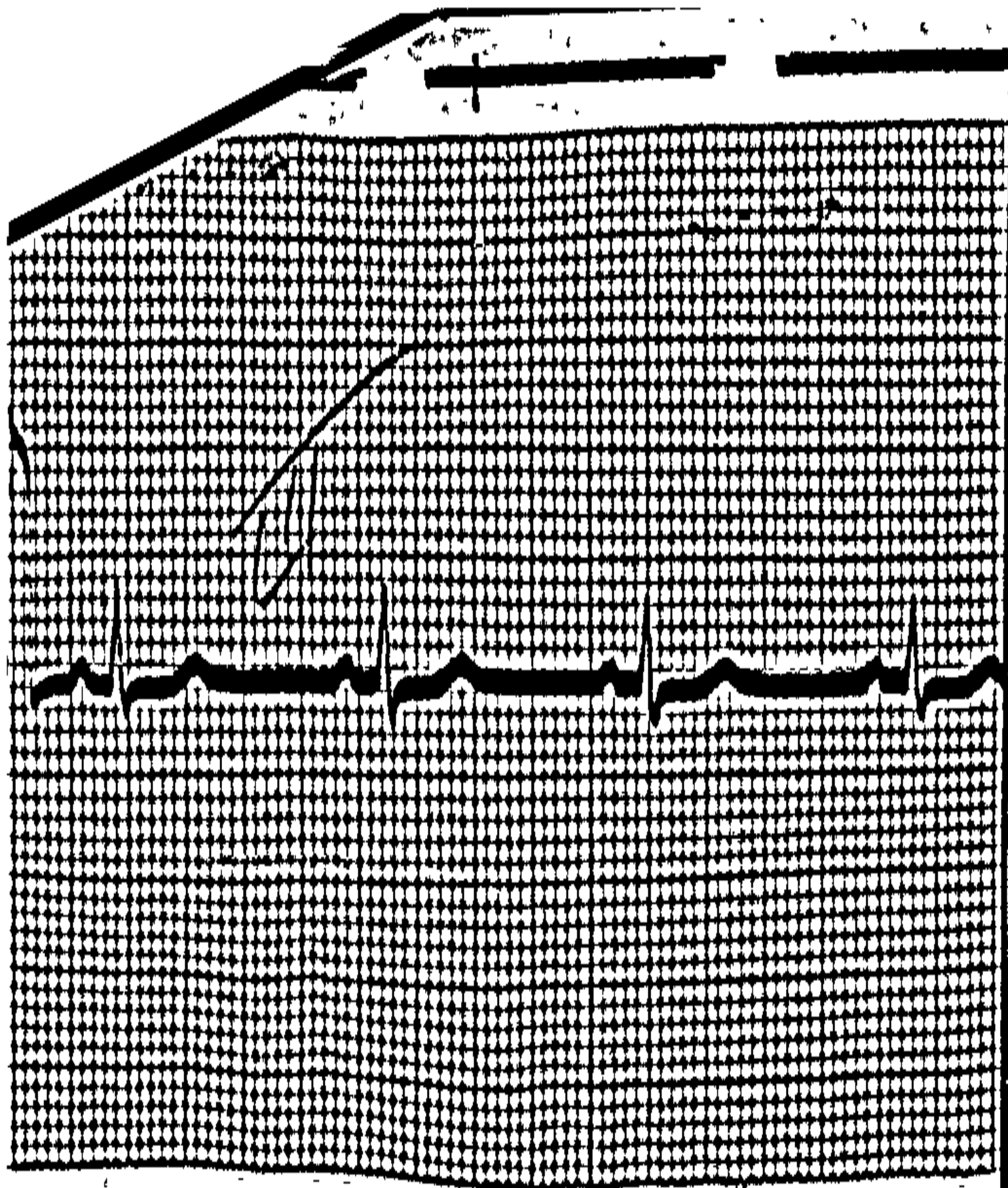
4-13-55

1110

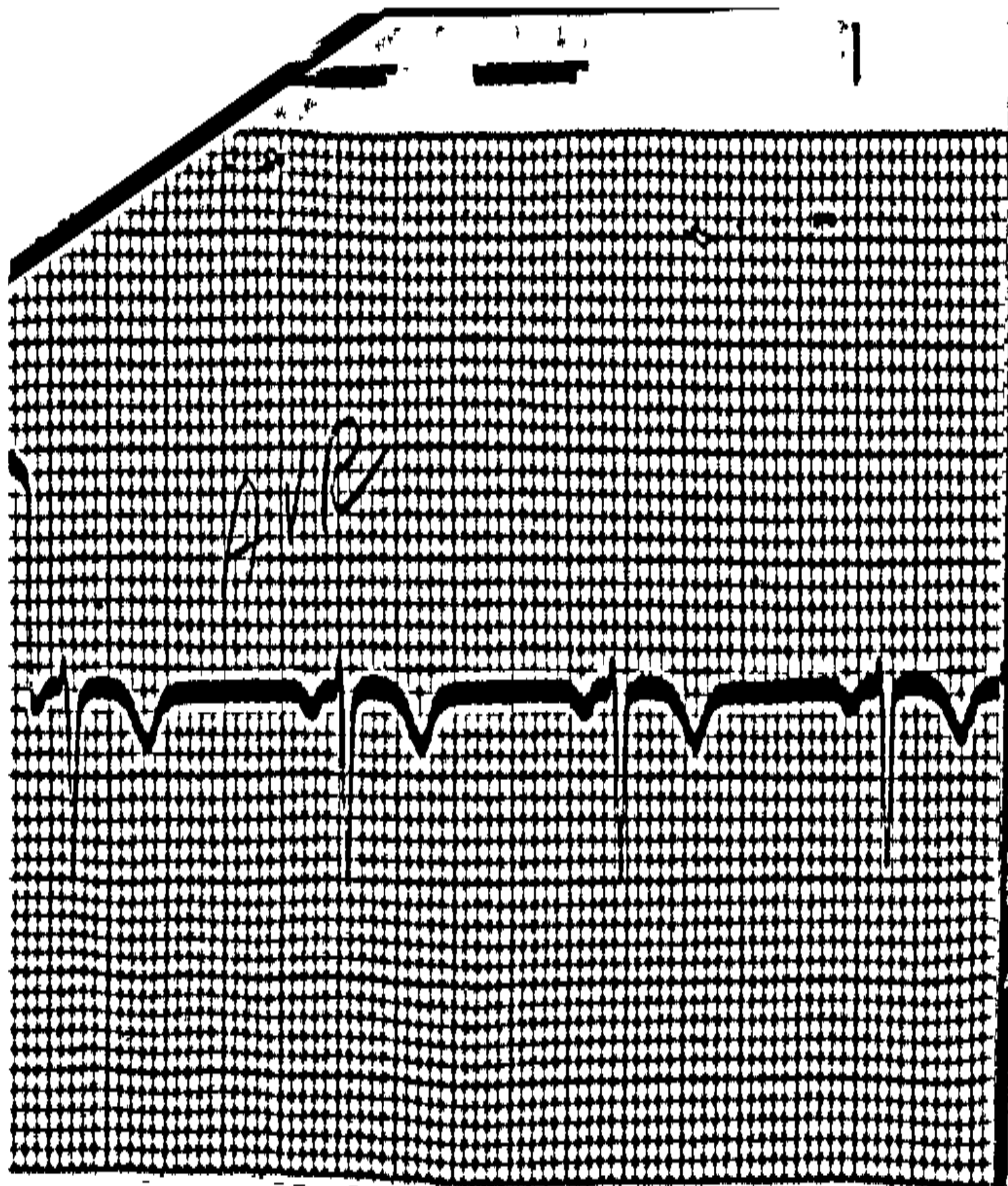
WQ #7



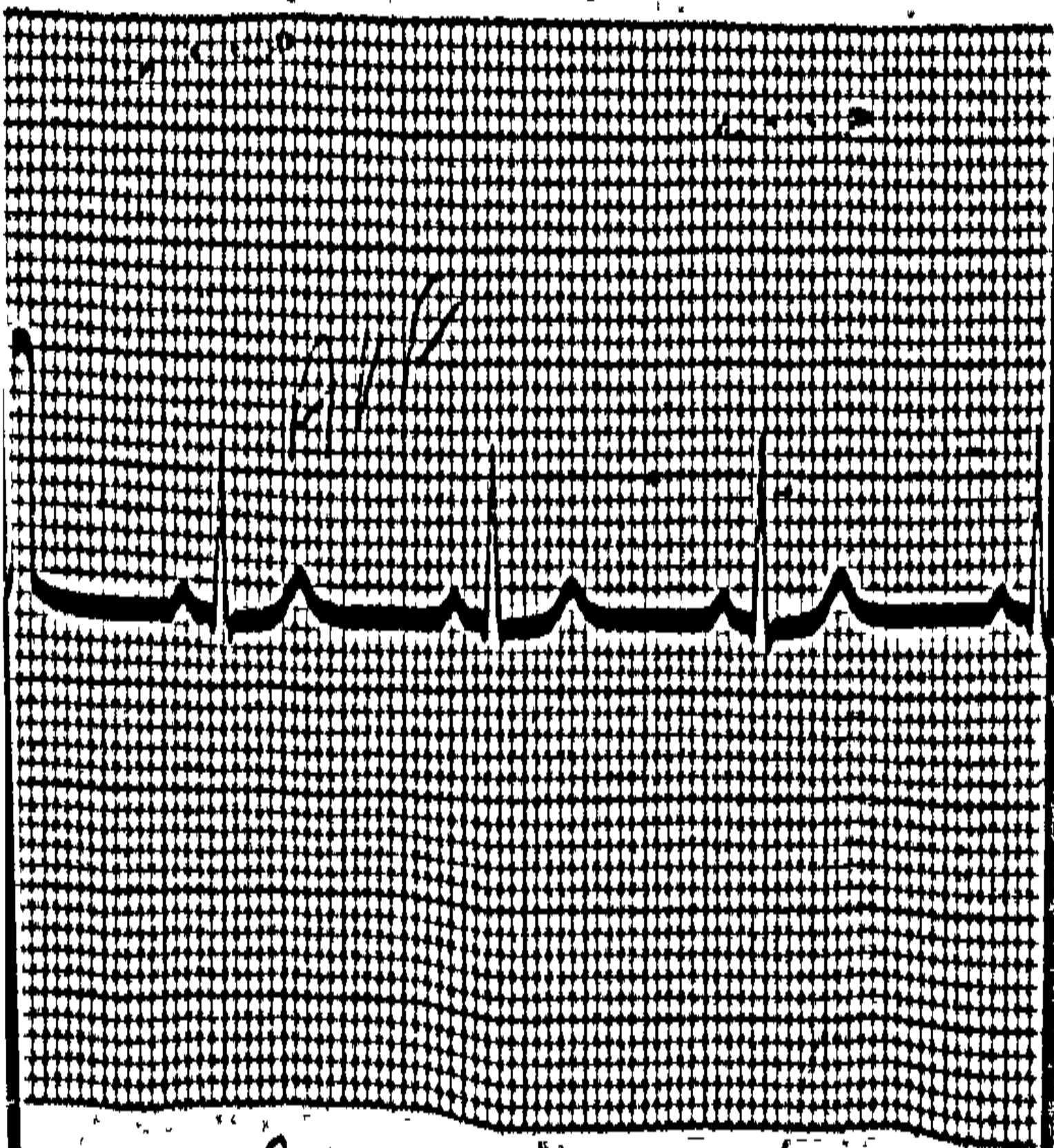
SANBORN VISO-C



SANBORN VISO-CARDIET



SANBORN VISO-CARDIETTE *Permapaper*



ARDIETTE *Permapaper*

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		☐ YES	☐ NO
								☐ EMERGENCY	☐ BEDSIDE
								☐ ROUTINE	☐ AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
48	M		69	160		Dr. Aspen			4/13/55
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC. VENT.	
INTERVALS						P WAVES			
PR						QRS			
QRS COMPLEXES						QT			
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Normal electrocardiogram.
No change since 4/21/50

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG 20937	H. A. Pearson	LTJG MC USNR	4/13/55
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
COX, Paul L. FBI			ST. CLINIC

USNH BETHESDA, MARYLAND
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CLINICAL RECORD					ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG ☒ YES ☐ NO	
CLINICAL IMPRESSION Annual Routine EKG					MEDICATION None		☐ EMERGENCY ☐ BEDSIDE ☐ ROUTINE ☐ AMBULANT	
AGE 47	SEX M	RACE W	HEIGHT 69 1/2	WEIGHT 158	SIGNATURE OF WARD PHYSICIAN JOHN E. BRYANT JR. 1st LT., MC		DATE 8 Apr 54	
RHYTHM					AXIS DEVIATION (QRS)		RATES AURIC. VENT.	
INTERVALS PR QRS QT					P WAVES			
QRS COMPLEXES								
RS-T SEGMENT					T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)								

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

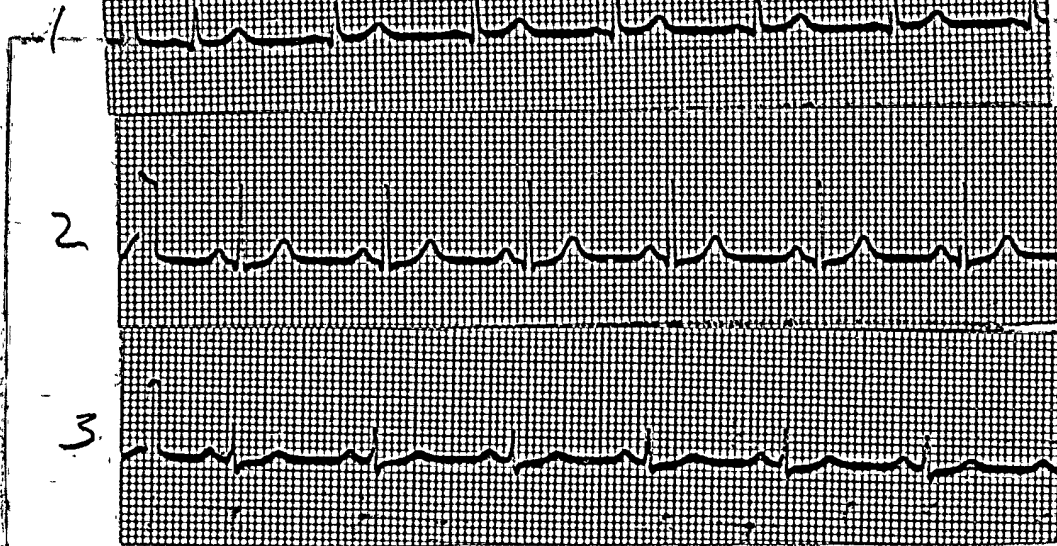
Normal ECG.

(53) 45350 (Continue on reverse)

NO. A 1666	SIGNATURE T.D. JOHNSON,	TITLE LT. COL., MC.	APR 8 1954
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME COX, Paul L. FBI		REGISTER NO. Phys Exam Sect	WARD NO.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

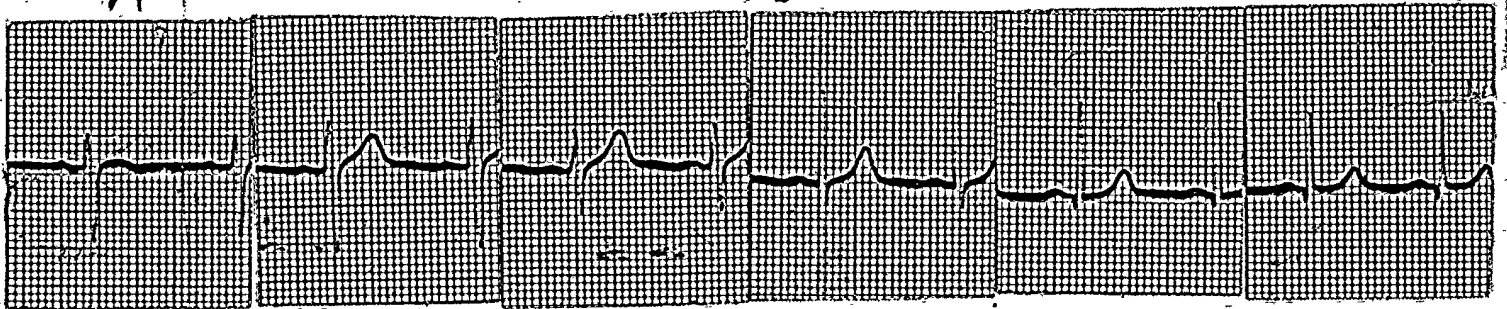
0.5mV



V1

T0

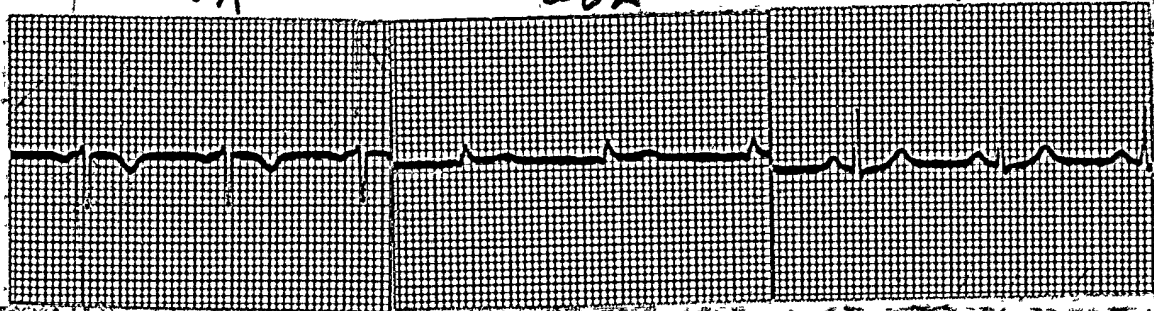
V6



aVR

aVL

aVF



1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.



| | | | | | | | | | | | |
|------------------------------------|----------|-----------|---------------|---------------|------------------------------------|---|--|-----------------------|--|---|--|
| CLINICAL RECORD | | | | | ELECTROCARDIOGRAPHIC RECORD | | | | | PREVIOUS ECG
☐ YES ☒ NO | |
| CLINICAL IMPRESSION

Routine | | | | | MEDICATION

None | | | | | ☐ EMERGENCY ☐ BEDSIDE
☒ ROUTINE ☒ AMBULANT | |
| AGE
46 | SEX
M | RACE
W | HEIGHT
69" | WEIGHT
161 | S.F. #
84 | SIGNATURE OF WARD PHYSICIAN
James A. Roberts, MD | | | | DATE
3 Apr 53 | |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | RATES
AURIC. VENT. | | | |
| INTERVALS
PR QRS QT | | | | | | P WAVES | | | | | |
| QRS COMPLEXES | | | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | | | |
| UNIPOLAR EXTREMITY LEADS (Specify) | | | | | | | | | | | |

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Normal EKG.

(Continue on reverse)

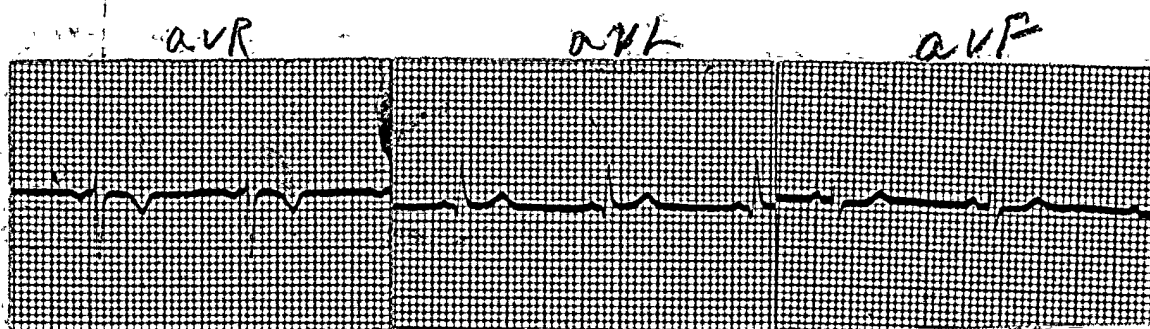
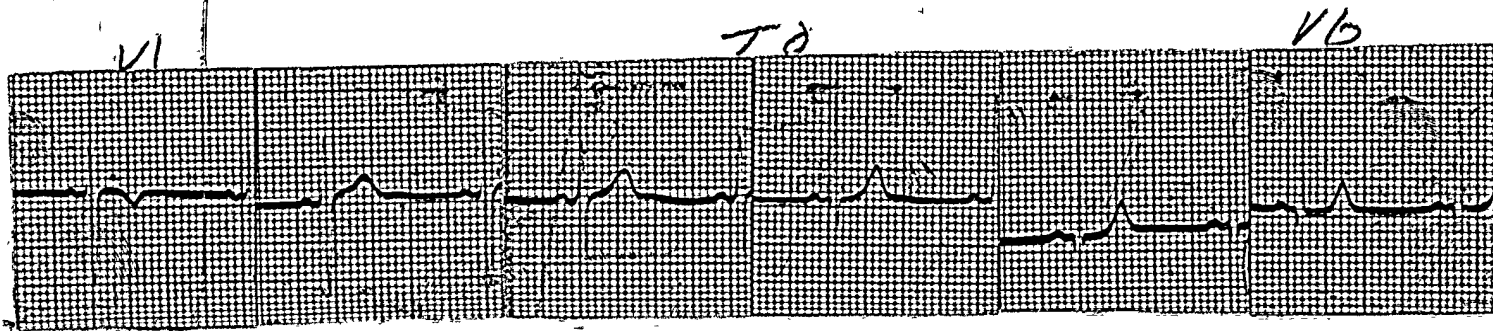
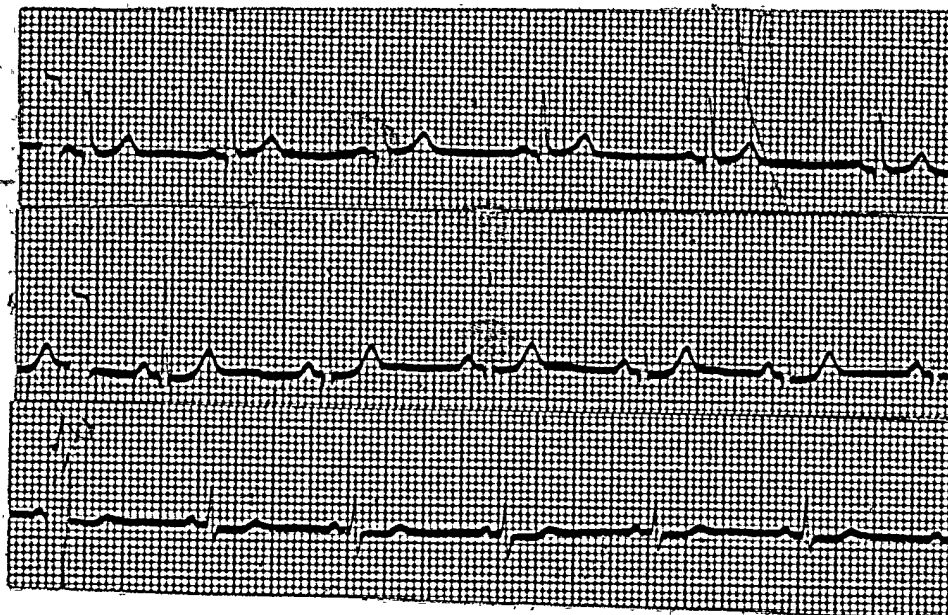
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|--|--|--------------|----------------------|
| NO.
45350 | SIGNATURE
S.A. Rosenberger, Capt., MC | TITLE | DATE
APR 3 1953 |
| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Cox, Paul L. FBI | | REGISTER NO. | WARD NO.
Sect CPS |

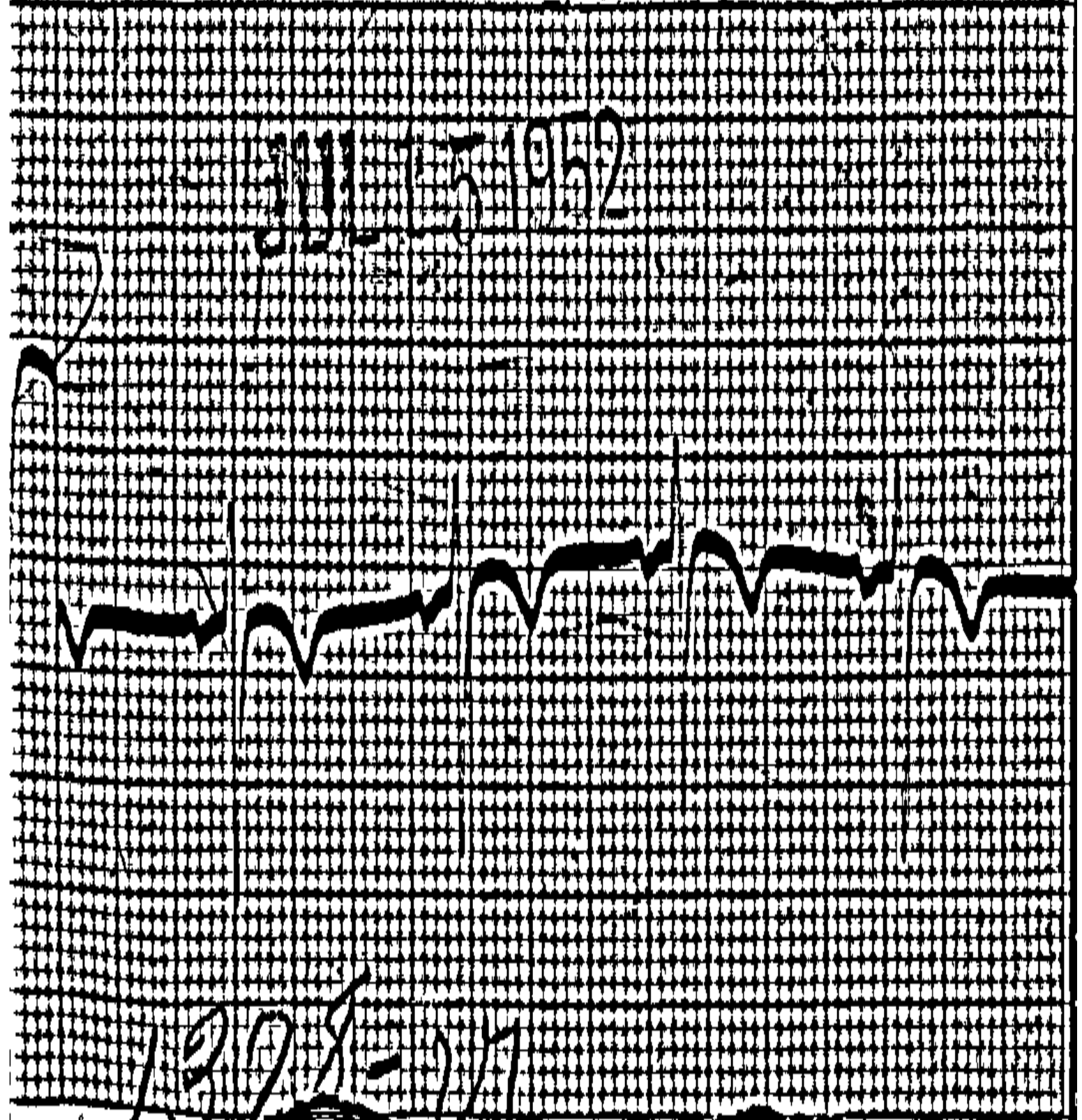
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

(Attach tracings to S. F. 507)





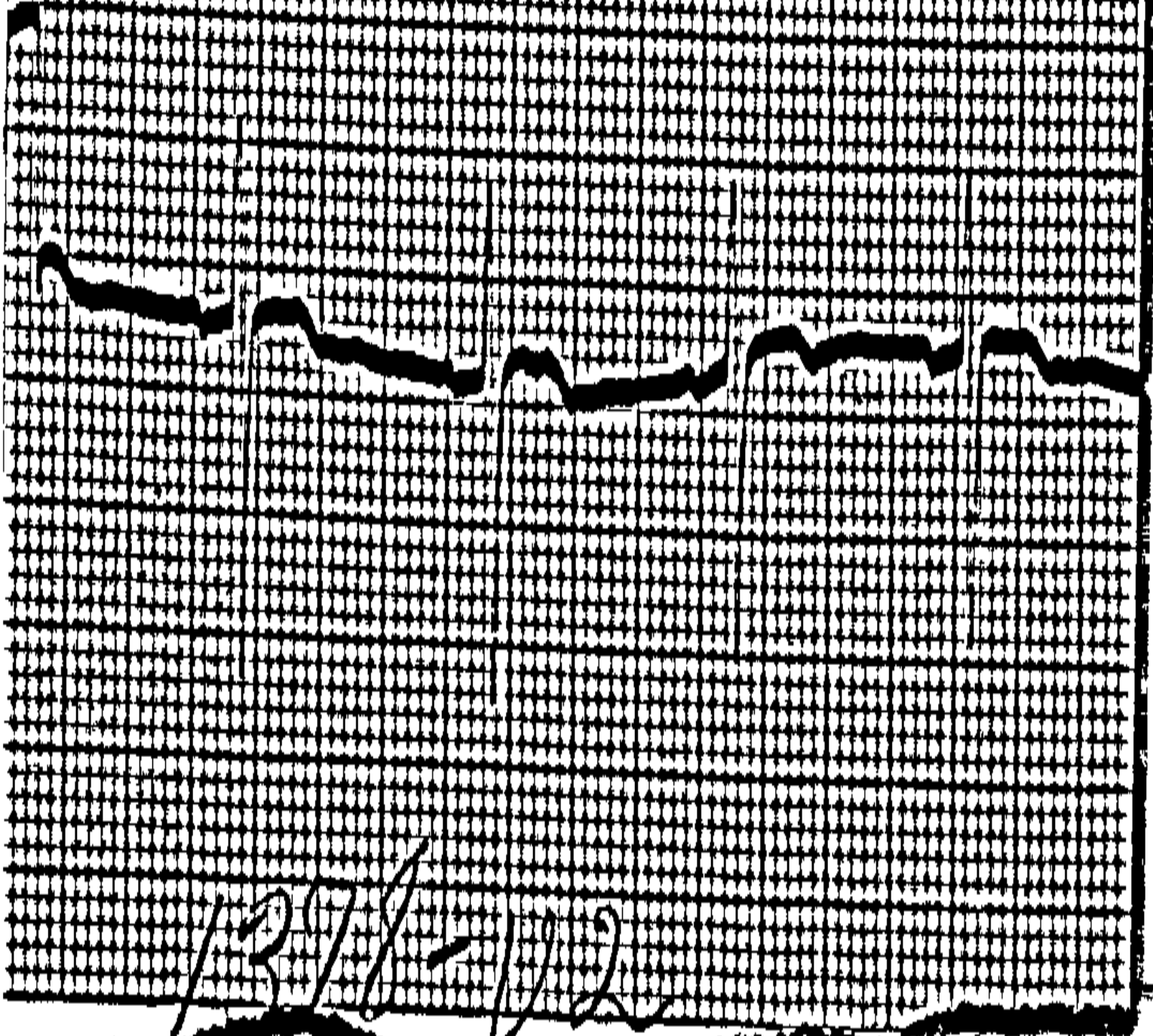
paper

7-5-57

10-1-57

11-1-57

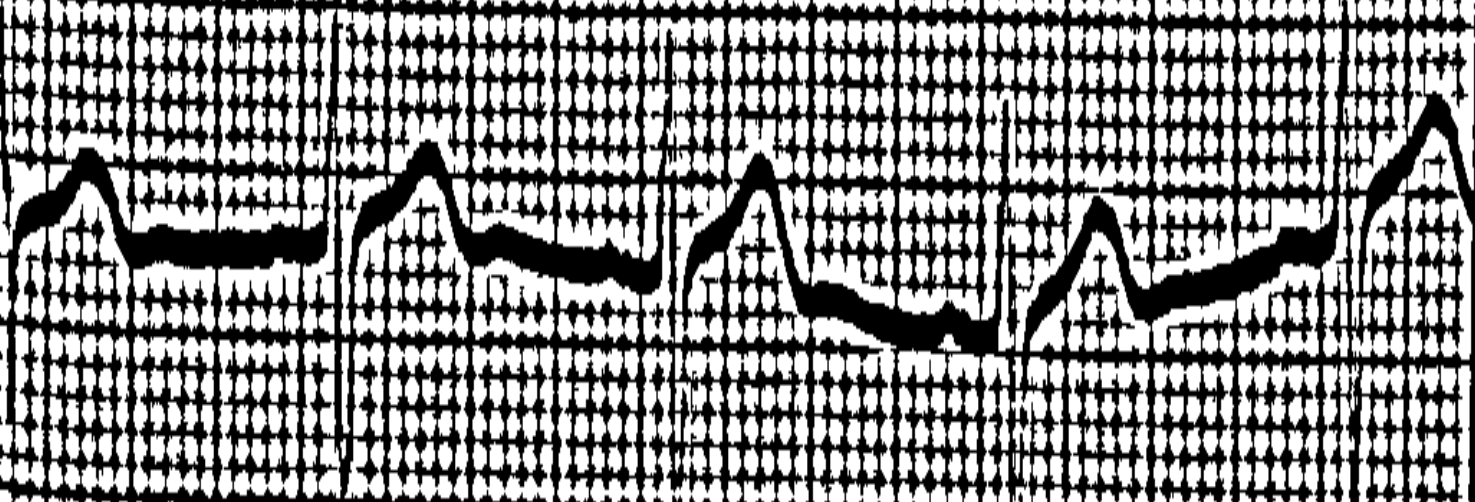
JUL 15 1957



1371-02

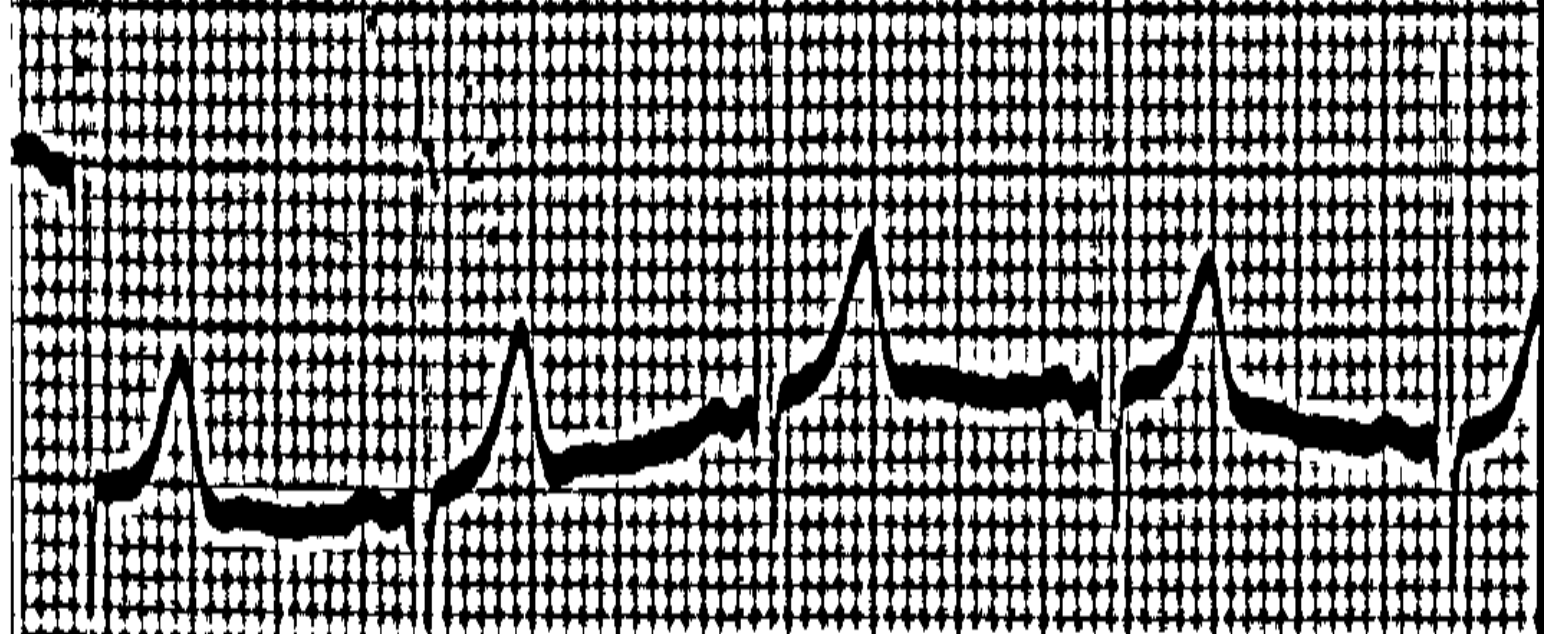
BORN

JUL 15 1952



137A-13

10-2-952



10-2-952

10-10-10

10-10-10

10-10-10

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10-10-10

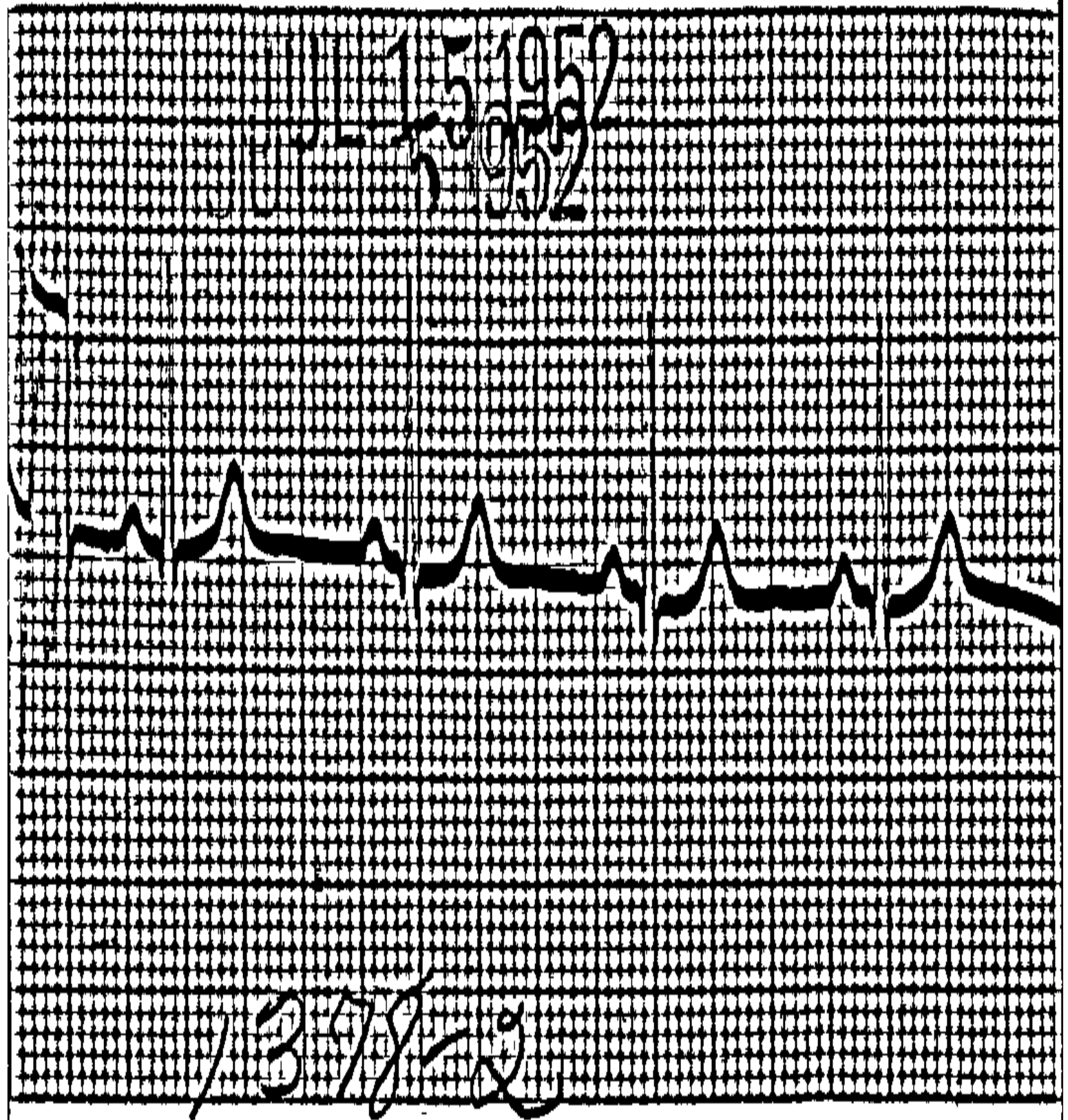
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13978-06

JUL 15 1952

1378-1

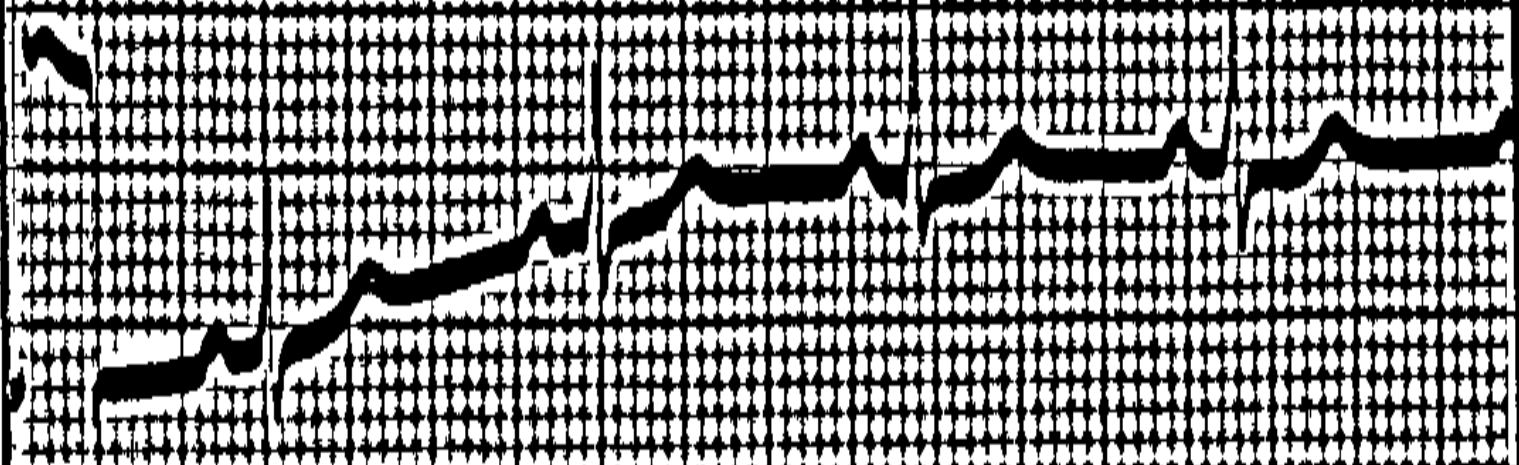
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per

CHART NO. 120

JUL 15 1952



134-3

CHART NO. 120

JUL 15 1971

5

1378 - CWP

CHART NO. 120

4-2-57 4-2-57 4-2-57

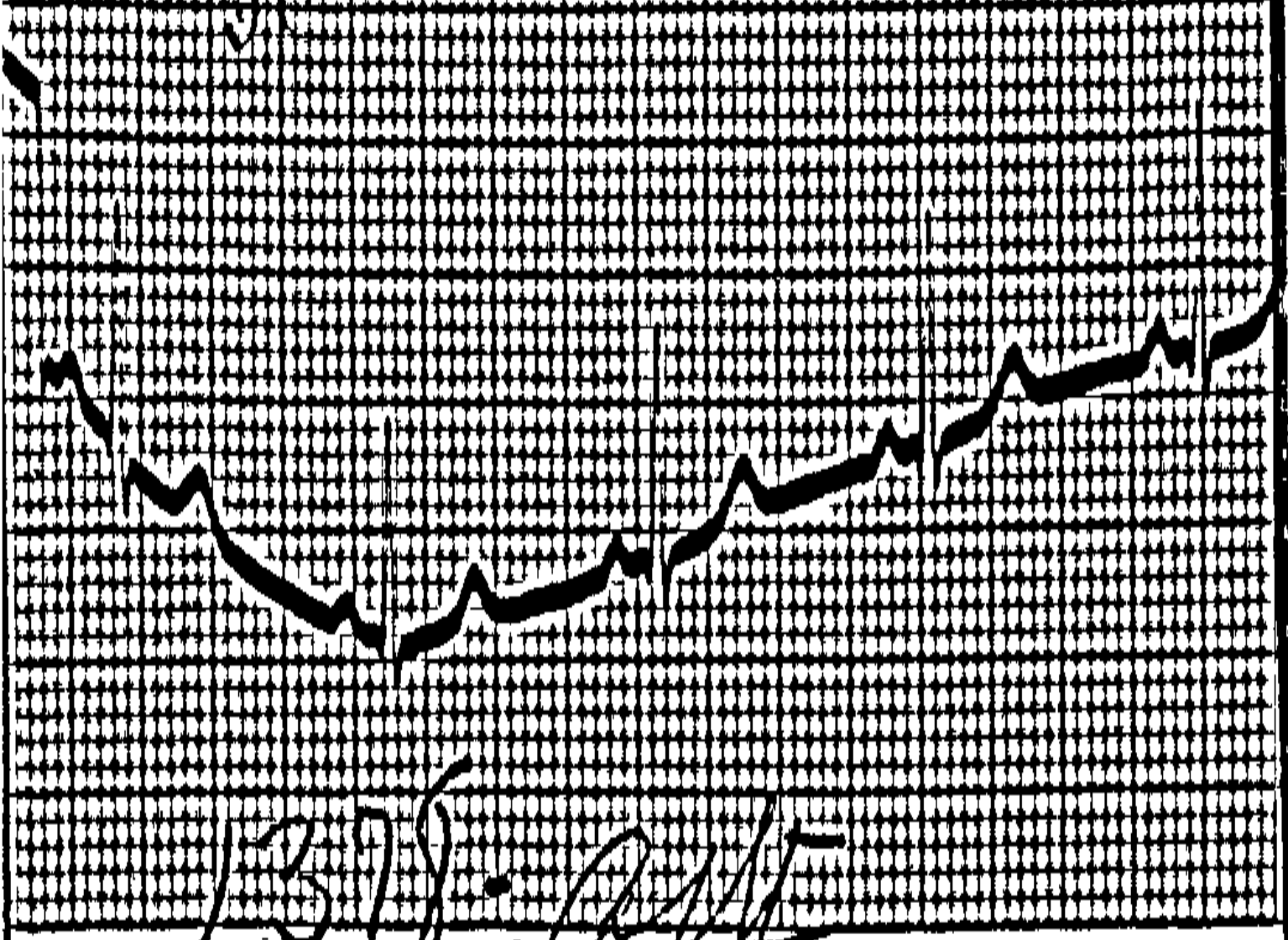
JUN 5 1957
JUN 5 1957

1/378-1000

CHART NO. 120

10-10-52

10-10-52



1378-0415

CHART NO. 120

| | | | | | | | | | | | | | |
|--|-----|------|--------|--------|-------|------------------------------------|--|--|--|--|--|---|--|
| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC REPORT | | | | | | PREVIOUS ECG
☐ YES ☐ NO | |
| CLINICAL IMPRESSION | | | | | | MEDICATION | | | | | | ☐ EMERGENCY ☐ BEDSIDE
☐ ROUTINE ☐ AMBULANT | |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD PHYSICIAN | | | | | | DATE | |
| RHYTHM
Normal sinus rhythm | | | | | | AXIS DEVIATION (QRS)
Normal | | | | | | RATES
AURIC. VENT. 80 | |
| INTERVALS
PR .16 QRS .08 QT | | | | | | P WAVES
Normal | | | | | | | |
| QRS COMPLEXES | | | | | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES
Normal | | | | | | | |
| PRECORDIAL LEADS (Specify) | | | | | | | | | | | | | |
| SUMMARY, SERIAL CHANGES, AND IMPLICATIONS: | | | | | | | | | | | | | |

Conclusion:

Normal ECG.

| | | | |
|-----------------|--------------------------|---------------------|-----------------|
| NO.
ECG 1378 | SIGNATURE
L.H. BISHOP | TITLE
LT MC USNR | DATE
7-16-52 |
|-----------------|--------------------------|---------------------|-----------------|

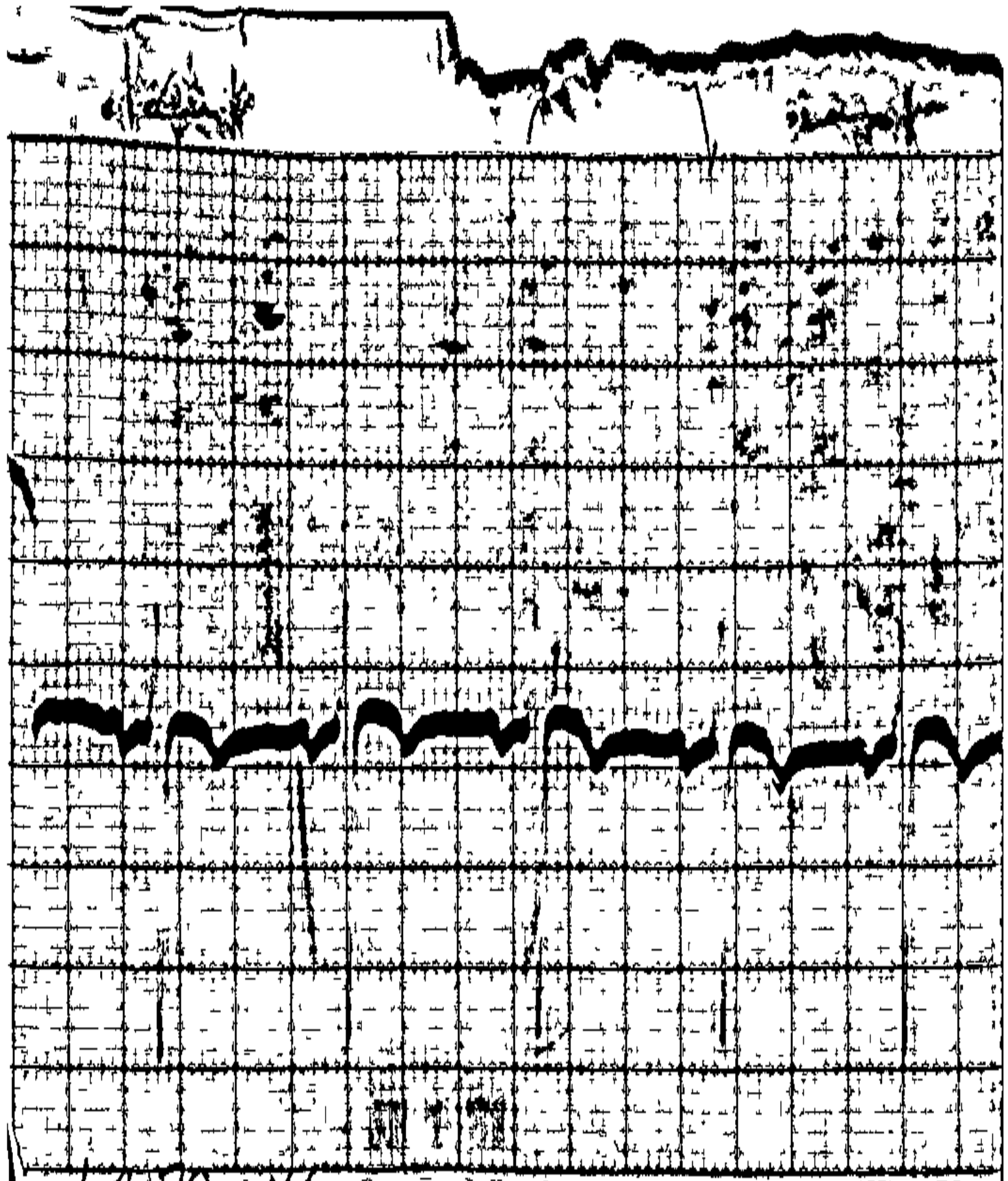
MOUNT TRACINGS HERE

(Continue on reverse)

| | | |
|--|--------------|--------------------|
| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Cox, Paul L. | REGISTER NO. | WARD NO.
Rm. 11 |
|--|--------------|--------------------|

ELECTROCARDIOGRAPHIC REPORT
Standard Form 520

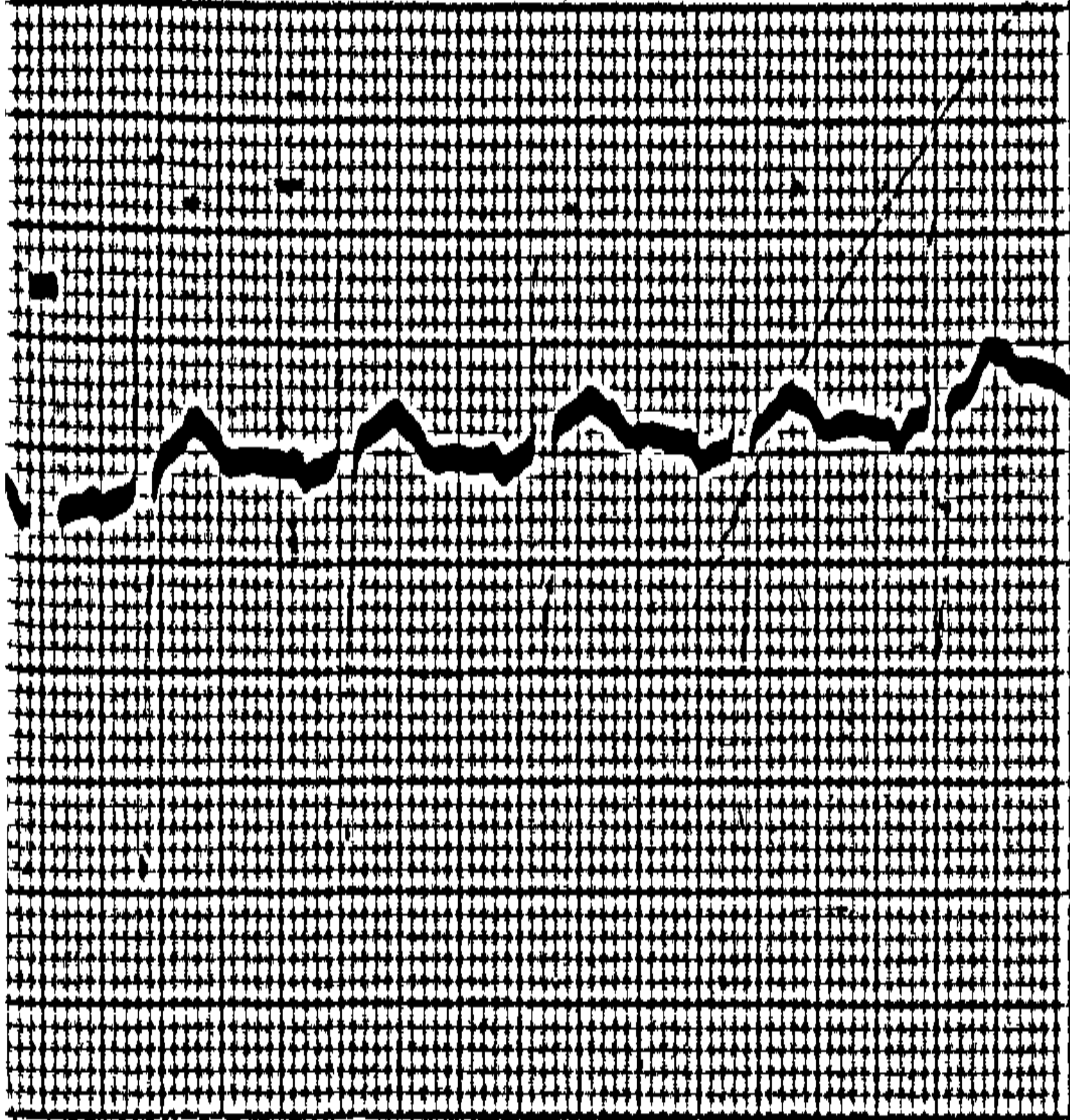
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)



1378-V

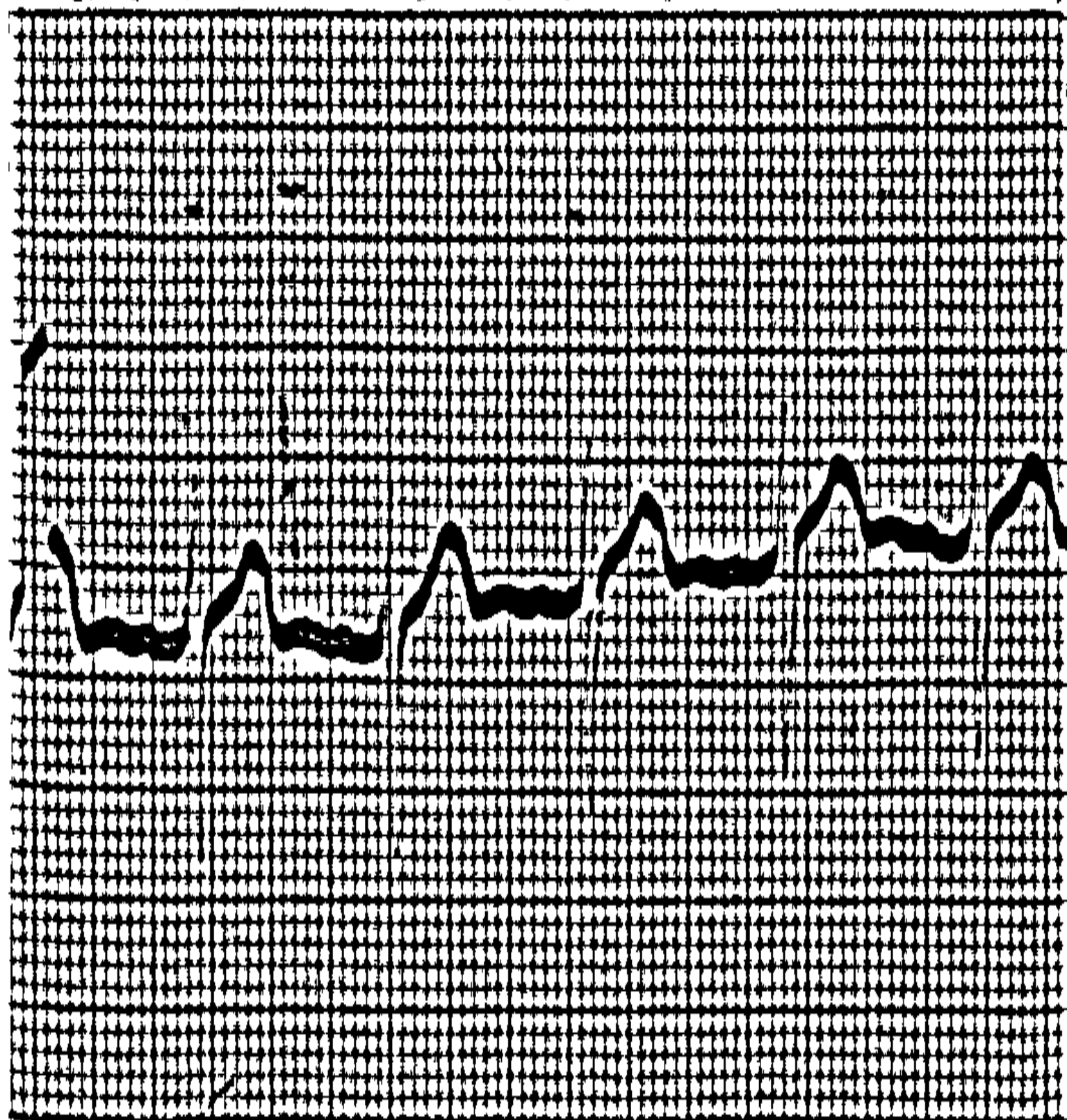
SANBORN VISO-CARDIETTE *Permapaper*

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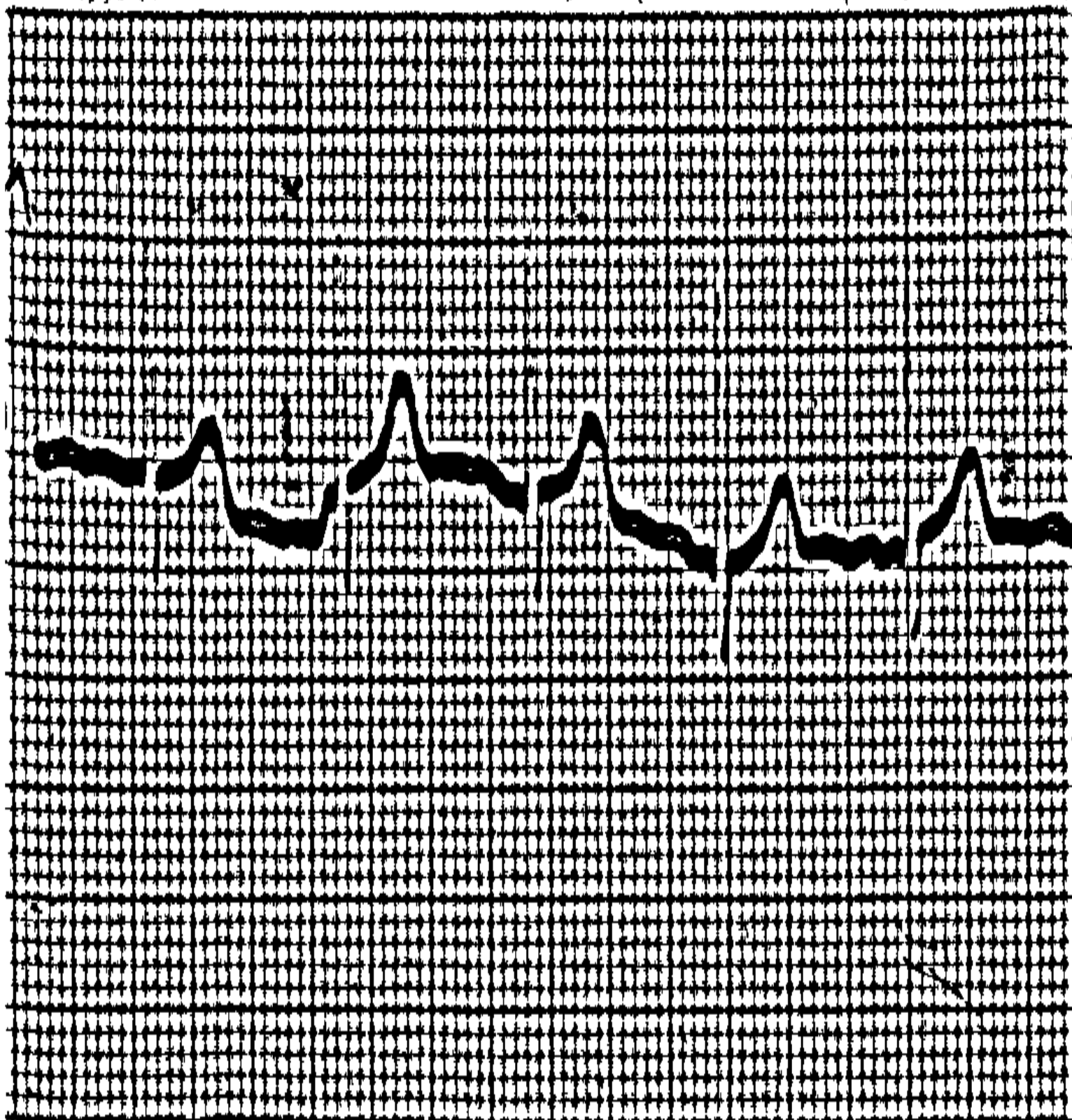


1378-V2 JAN 1 57

SAN



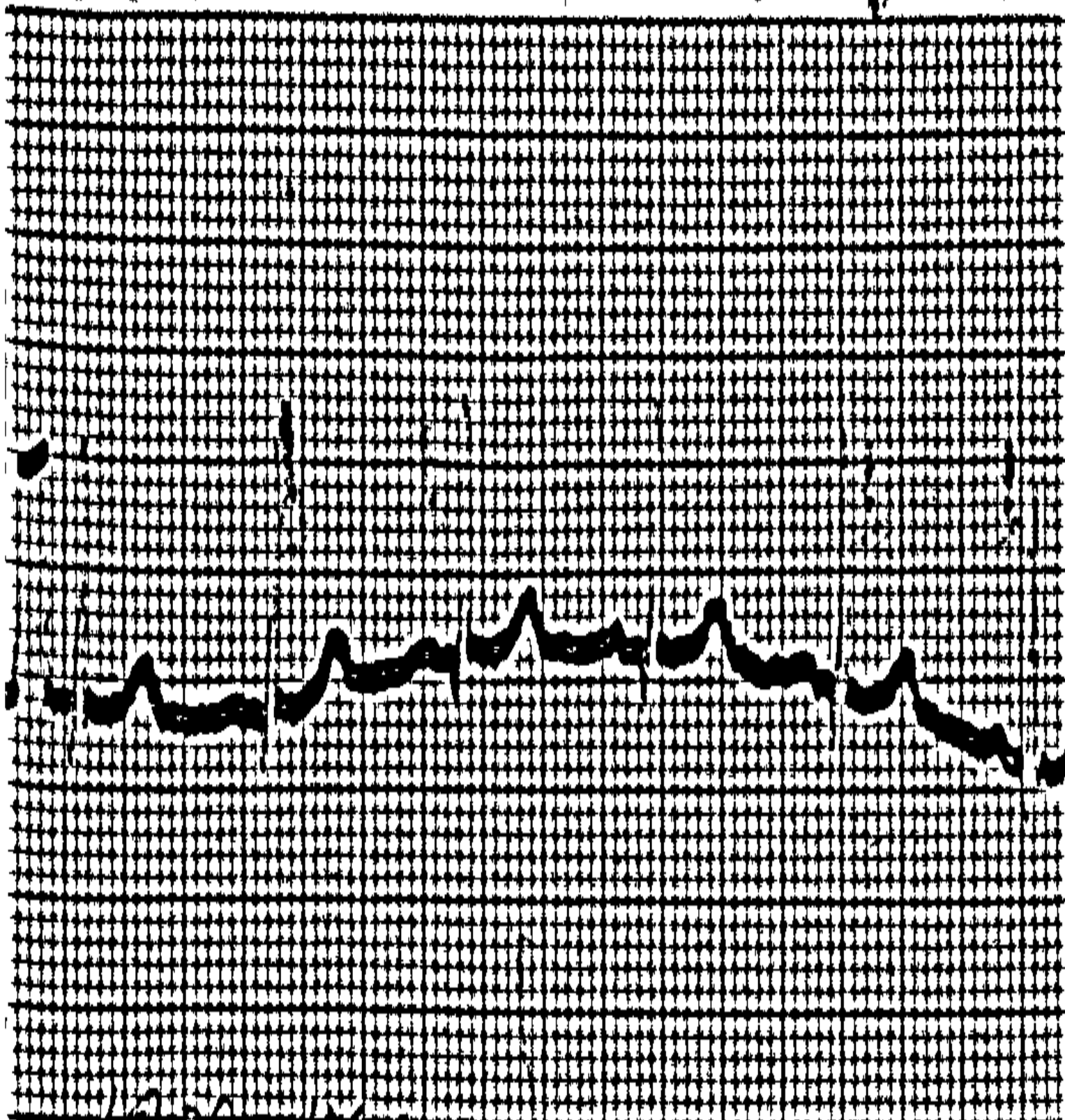
1378-13 JUN 1 30



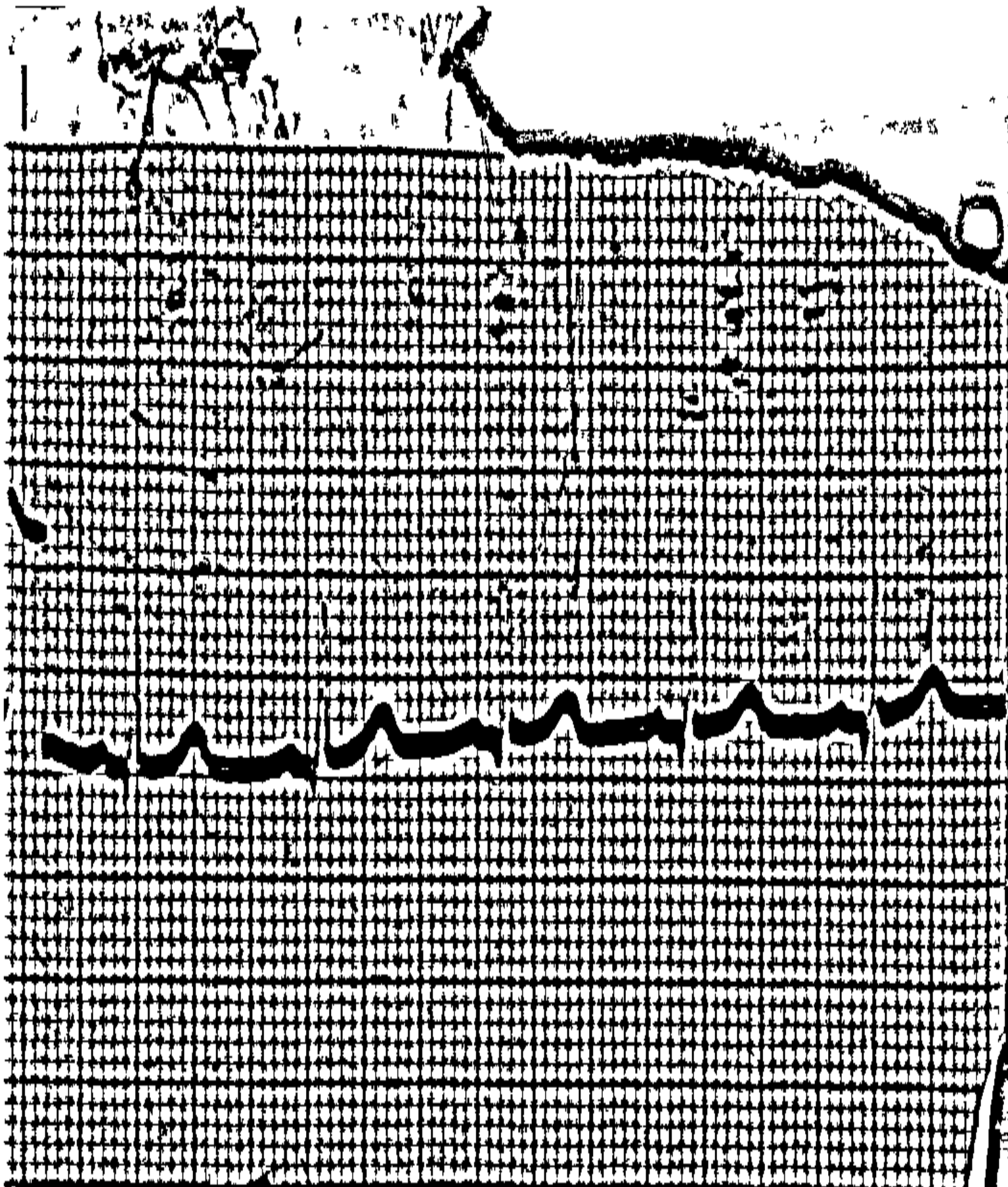
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JUN 1 50

ART NO. 120 8-10 JUN 1 57



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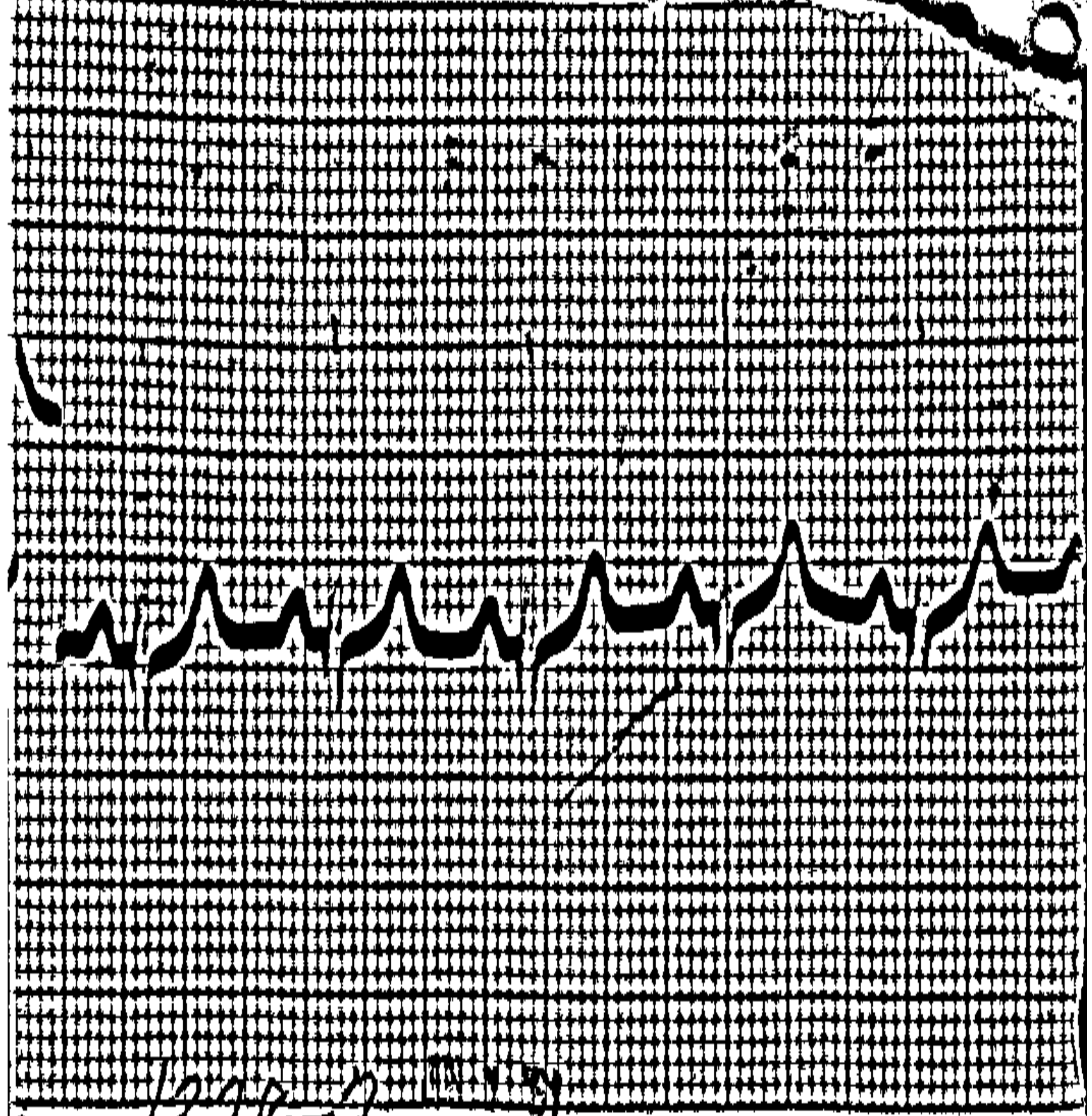


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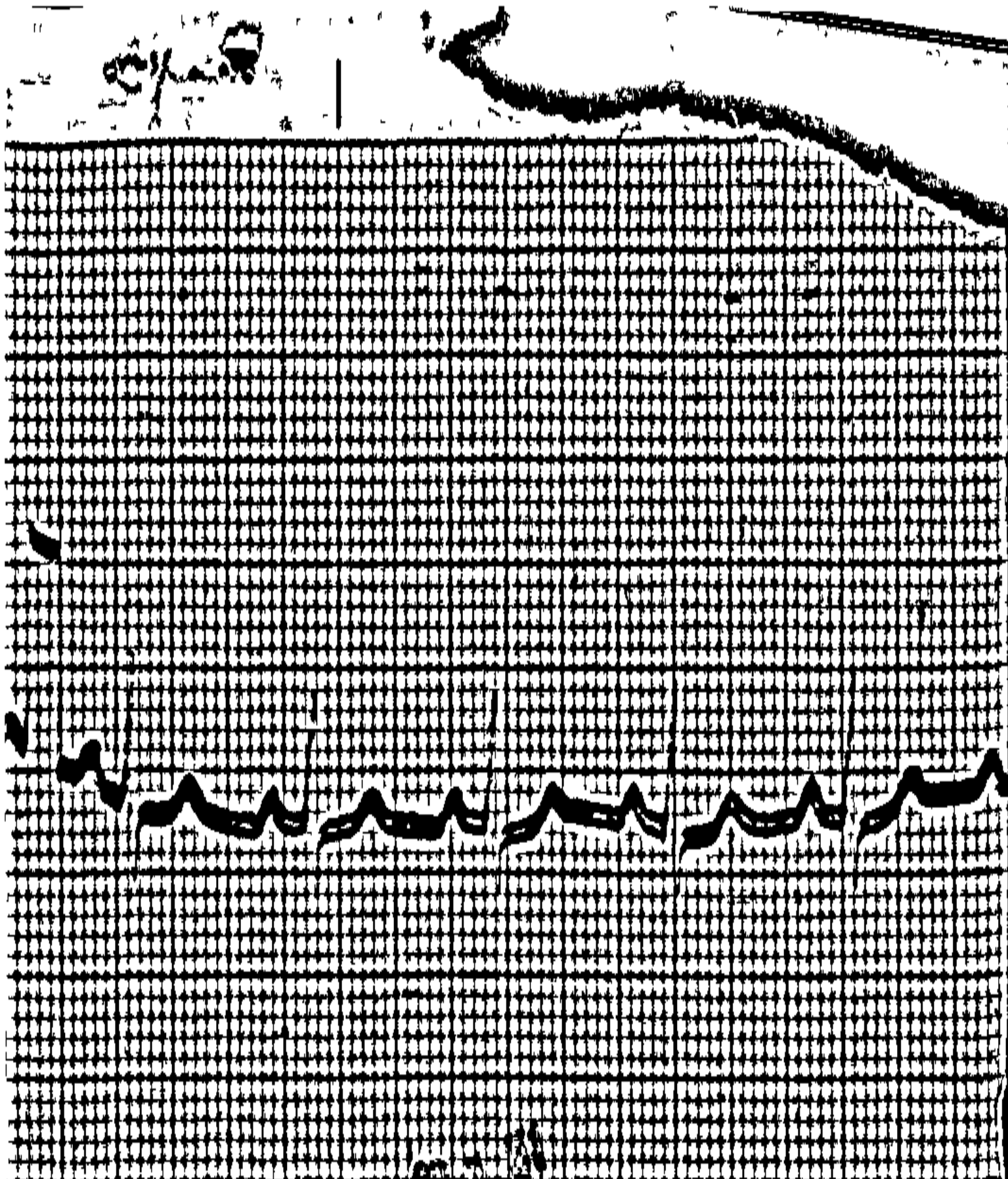
JUN 1 51

CHART NO. 120

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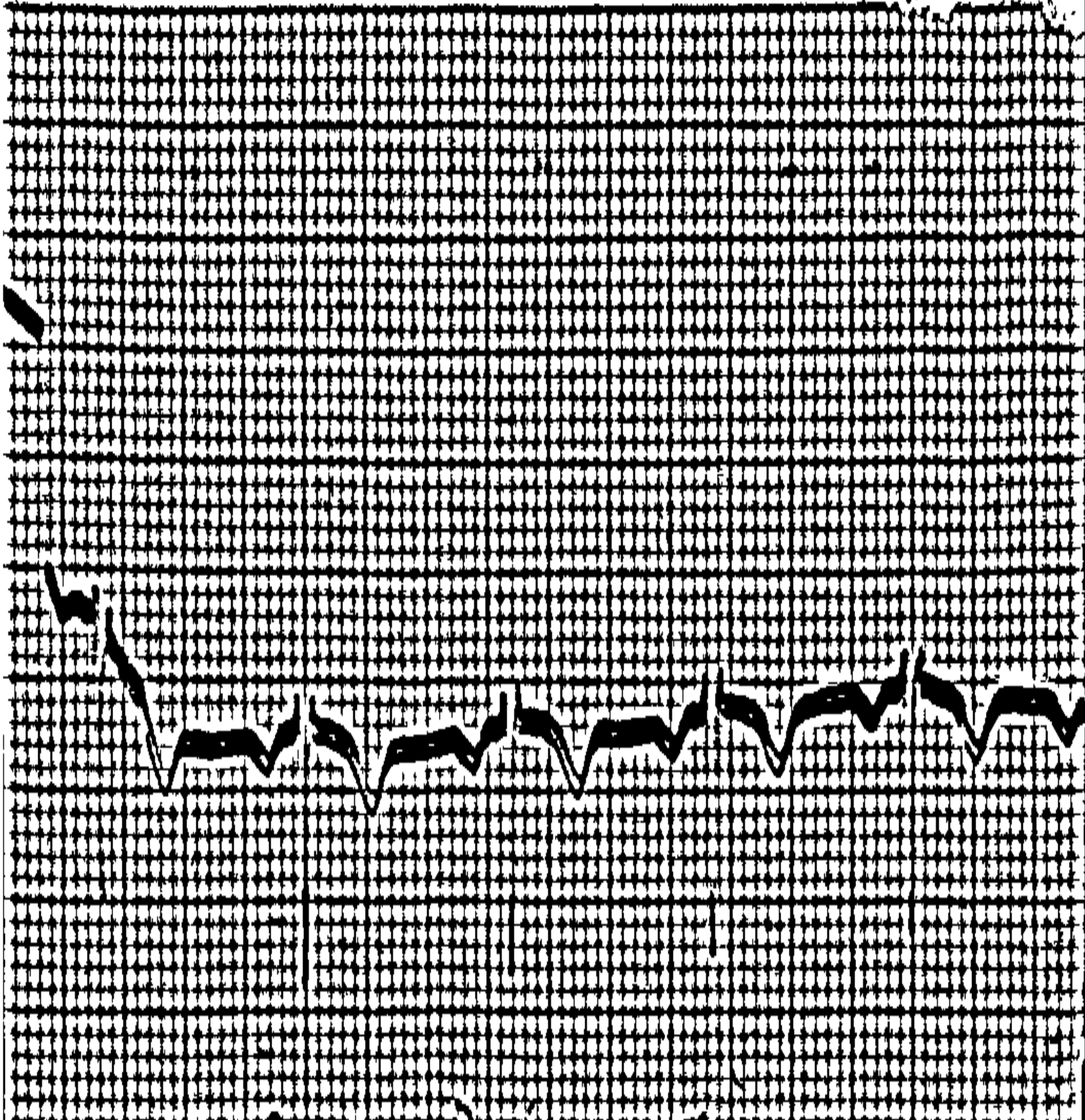
1376-2
N VISO-CARDIETTE Permapaper



1328-3

SANBORN VISO-CARDIETTE *Permapaper*

1378-40



1378-40

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1378-AVL

JUN 2 51

A



NO. 120 1378-AVI

JUN 1 '51

| | | | | | | | | | | | | | |
|---|-----|------|--------|--------|-------|---------------------------------------|--|--|--|--|--|---|--|
| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC REPORT | | | | | | PREVIOUS ECG
☐ YES ☐ NO | |
| CLINICAL IMPRESSION | | | | | | MEDICATION | | | | | | ☐ EMERGENCY ☐ BEDSIDE
☐ ROUTINE ☐ AMBULANT | |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD PHYSICIAN | | | | | | DATE | |
| RHYTHM
Sinus | | | | | | AXIS DEVIATION (QRS)
Normal | | | | | | RATES
AURIC. VENT. 90 | |
| INTERVALS
PR .16 QRS .08 QT .32 | | | | | | P WAVES
Normal | | | | | | | |
| QRS COMPLEXES | | | | | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | | | | | |
| PRECORDIAL LEADS (Specify) | | | | | | | | | | | | | |

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

CONCLUSION: **Normal ECG.**

6d

| | | | | |
|------------|------|---------------------------------|------------------------------|-----------------------|
| NO.
ECG | 1378 | SIGNATURE
<i>E. H. Estes</i> | TITLE
LTJG MC USNR | DATE
6-4-51 |
|------------|------|---------------------------------|------------------------------|-----------------------|

MOUNT TRACINGS HERE

(Continue on reverse)

| | | | | |
|--|--|--|----------------------------|--------------------------|
| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
COX Paul L. | | | REGISTER NO.
FBI | WARD NO.
101-1 |
|--|--|--|----------------------------|--------------------------|

USNH, Bethesda, Md.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC REPORT
Standard Form 520

6-8-51
7-2-51

| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC REPORT | | PREVIOUS ECG | |
|--------------------------------------|--|--|--|--|--|-----------------------------|--|------------------------------------|-----------------------------------|
| CLINICAL IMPRESSION | | | | | | MEDICATION | | ☐ YES | ☐ NO |
| | | | | | | | | ☐ EMERGENCY | ☐ BEDSIDE |
| AGE | | | | | | SEX | | ☐ ROUTINE | ☐ AMBULANT |
| | | | | | | | | DATE | |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | RATES | |
| Sinus | | | | | | | | AURIC. | VENT. |
| INTERVALS | | | | | | P WAVES | | | |
| PR | | | | | | QRS | | QT | |
| QRS COMPLEXES | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | |
| Slight depression in leads 2, and 3, | | | | | | Upright 1, 2, 3, | | | |
| PRECORDIAL LEADS (Specify) | | | | | | | | | |

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Unipolar leads: Slight depression in AVF.

CONCLUSION: Slight depressions may be associated with coronary insufficiency.

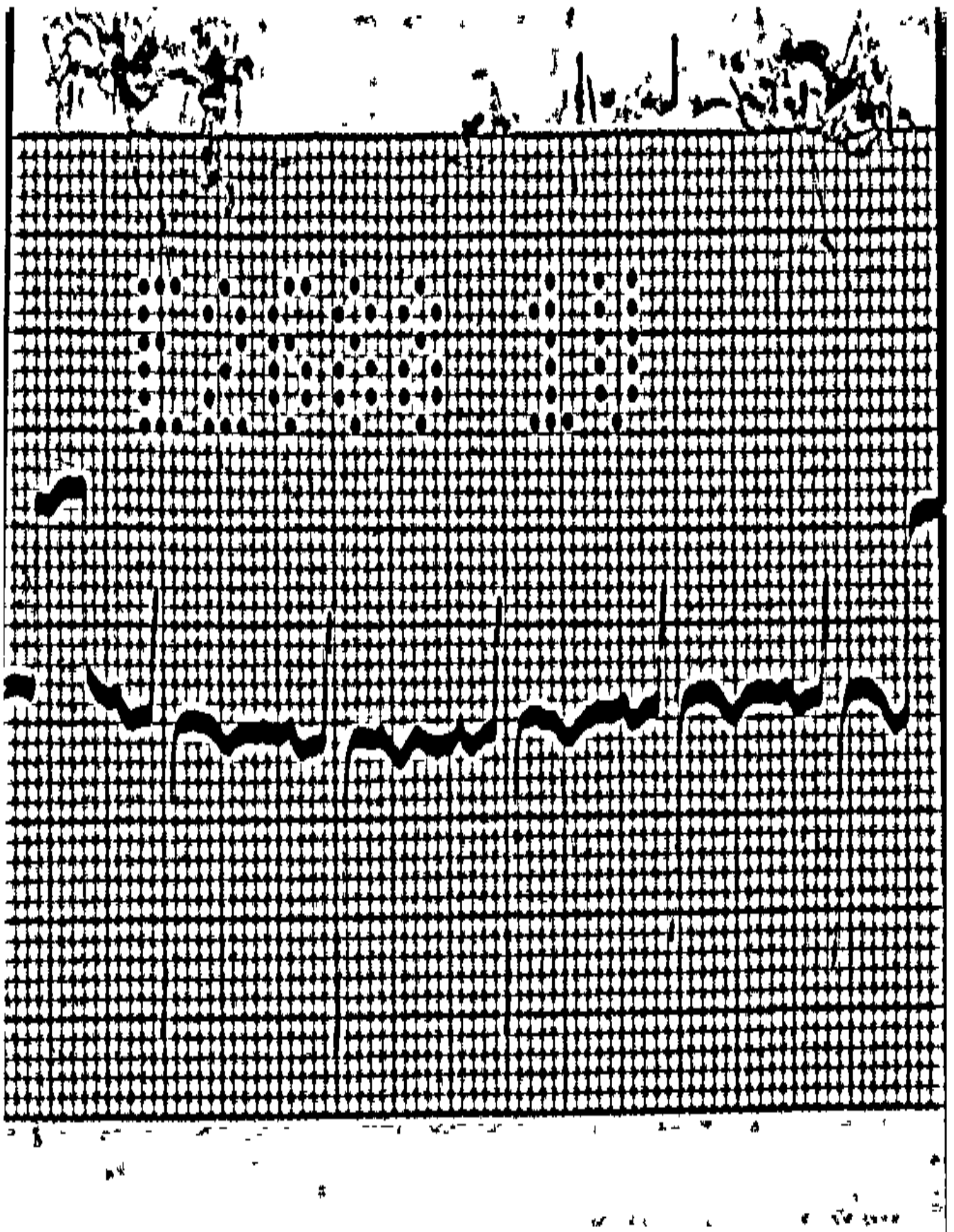
| NO. | SIGNATURE | TITLE | DATE |
|------------|------------------|------------|---------|
| ECG E-2688 | R.C. PARKER, JR. | CDR MC USN | 4-22-49 |

MOUNT TRACINGS HERE

(Continue on reverse)

| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | REGISTER NO. | WARD NO. |
|--|--------------|----------|
| COX, PAUL L. | FBI | 101-1 |

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY) USNH Bethesda, Md.



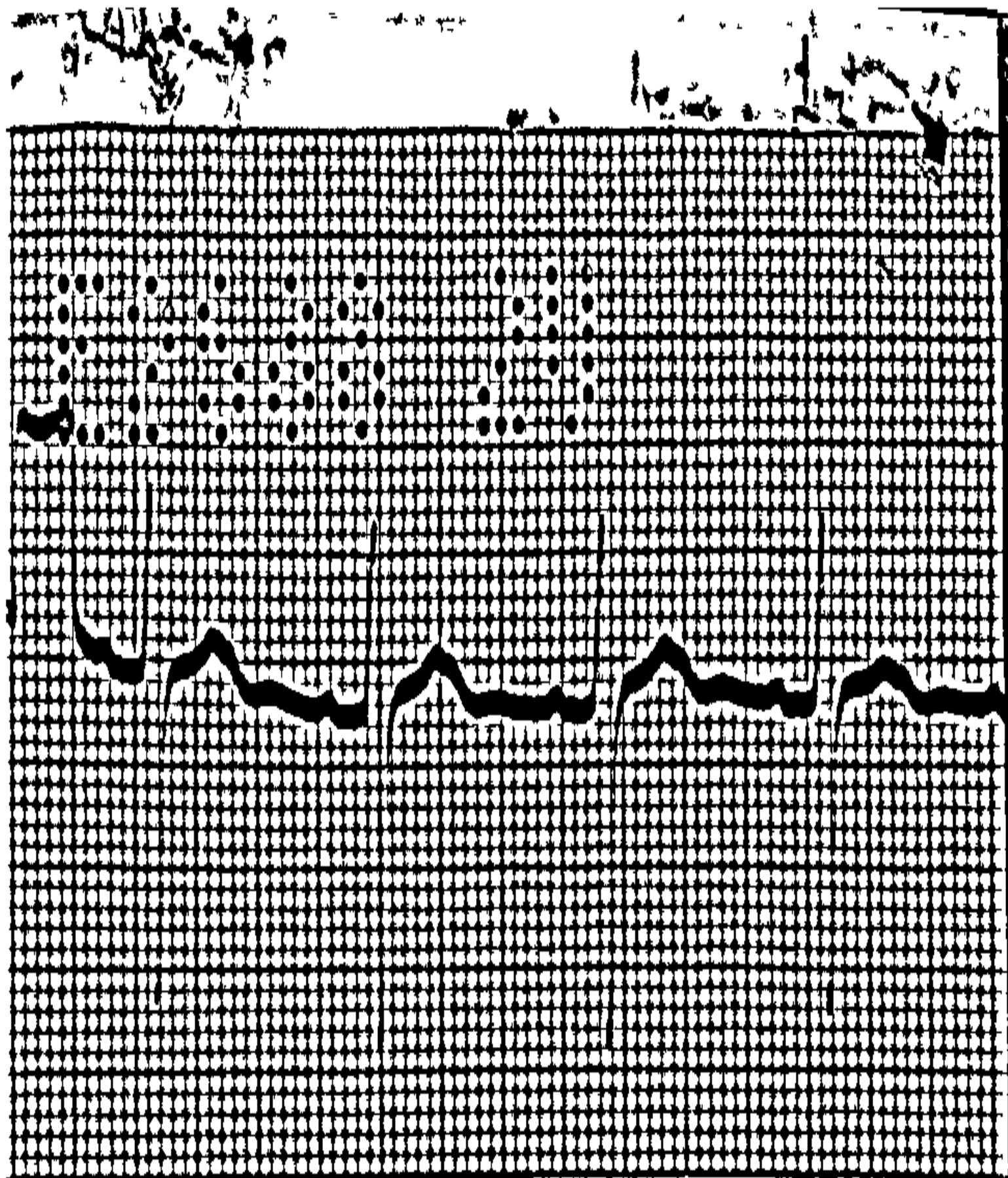
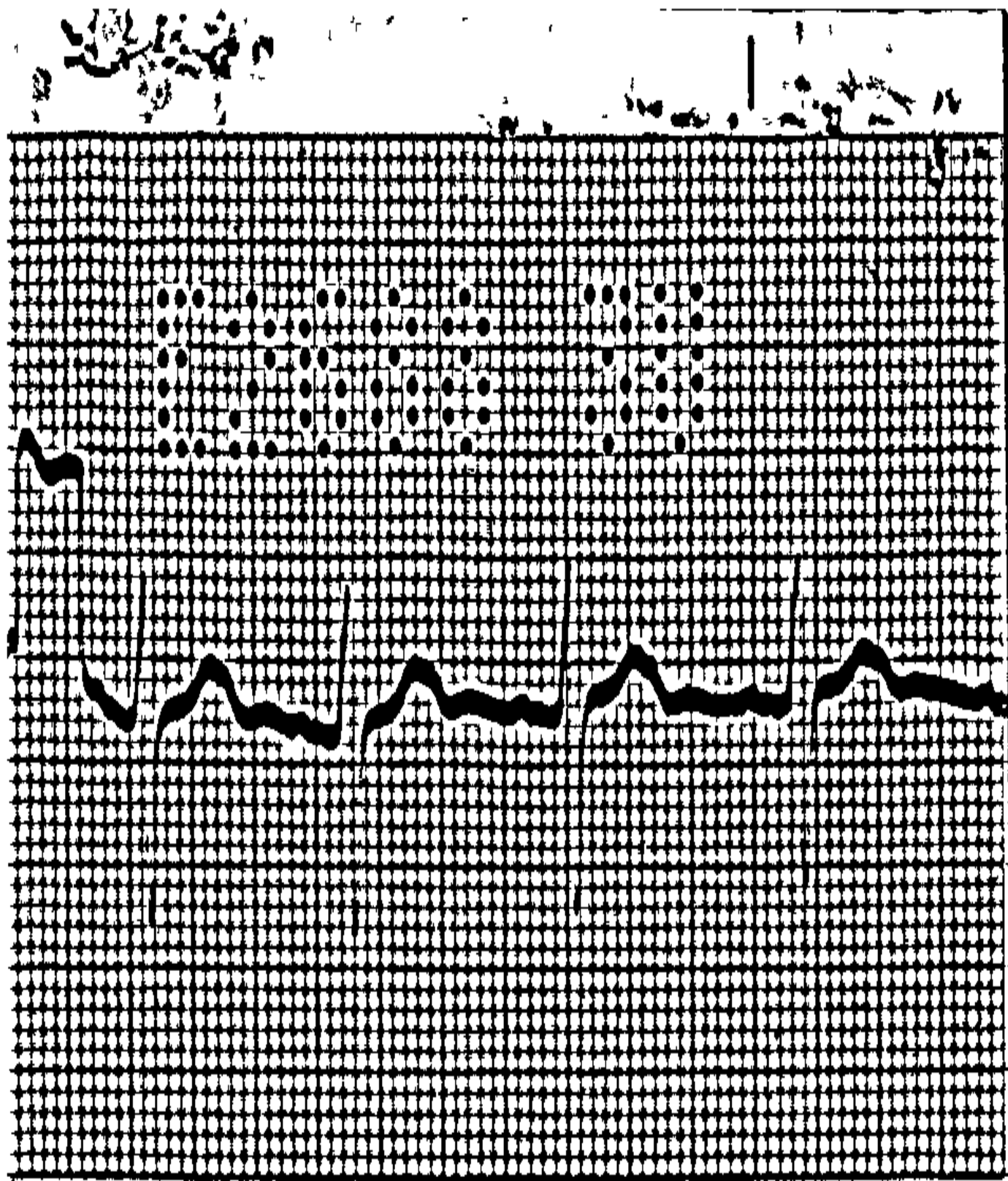
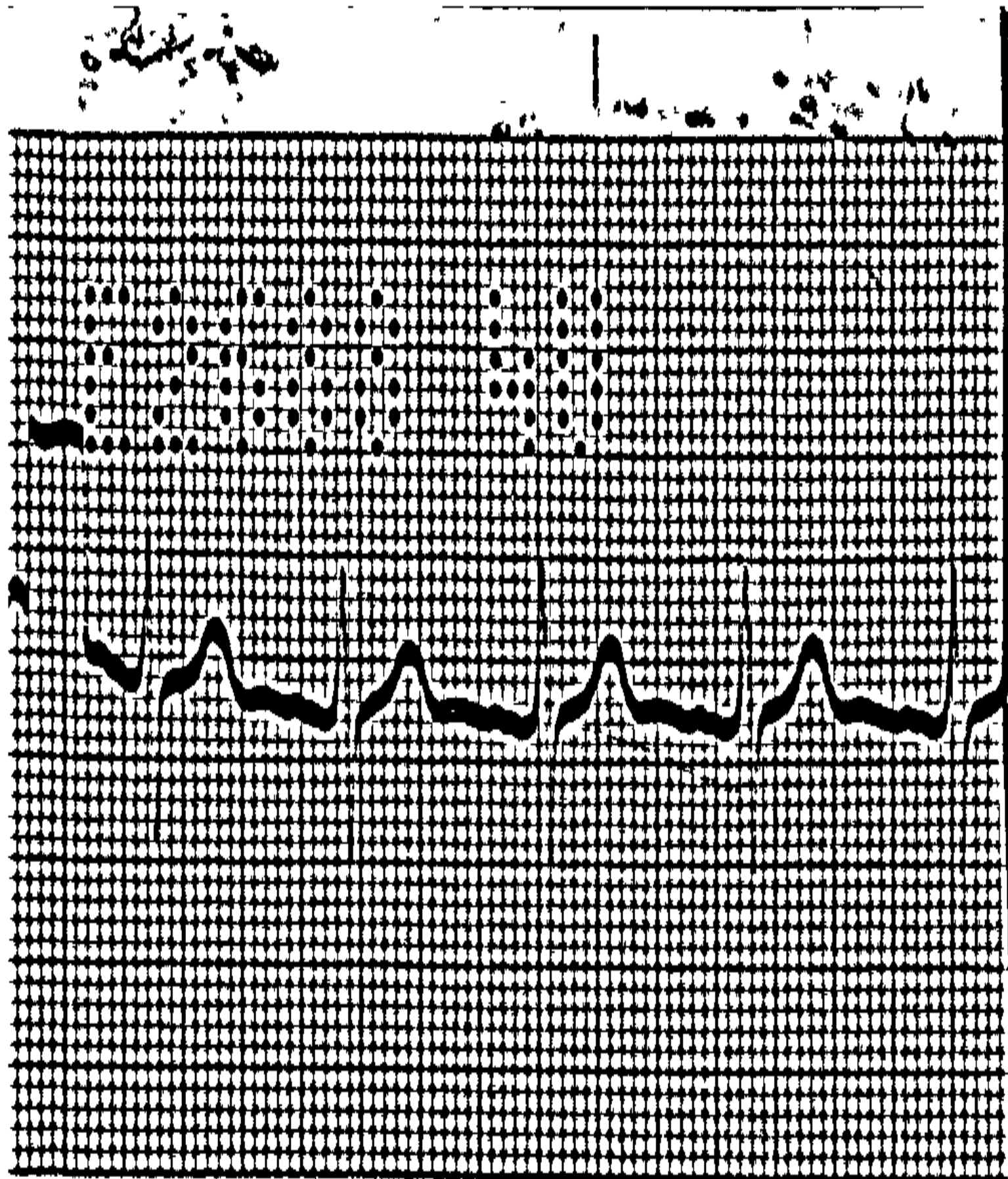


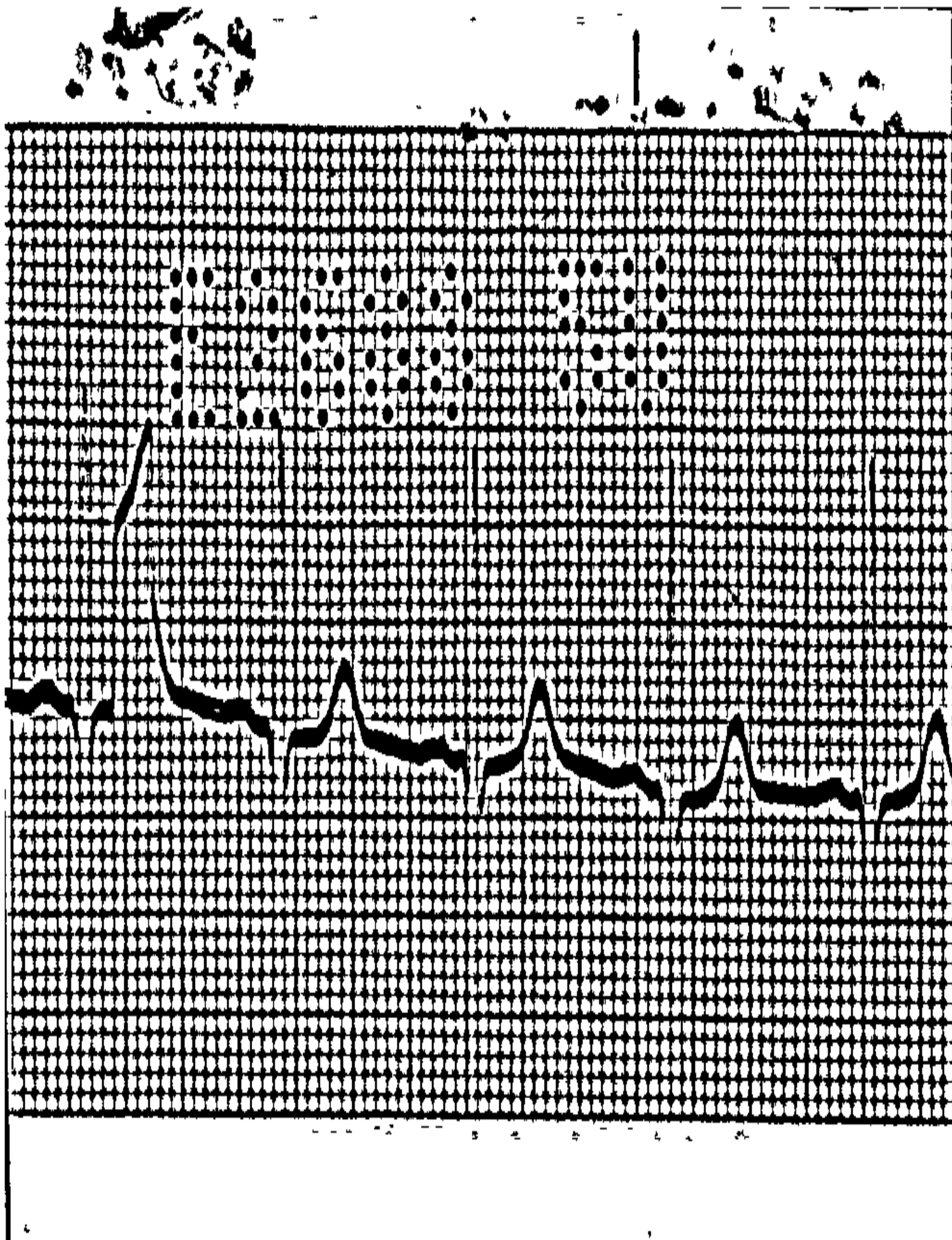
CHART NO. 120



BORN VISO-CARDIETTE *Permapaper*



SANBORN VISO-CA



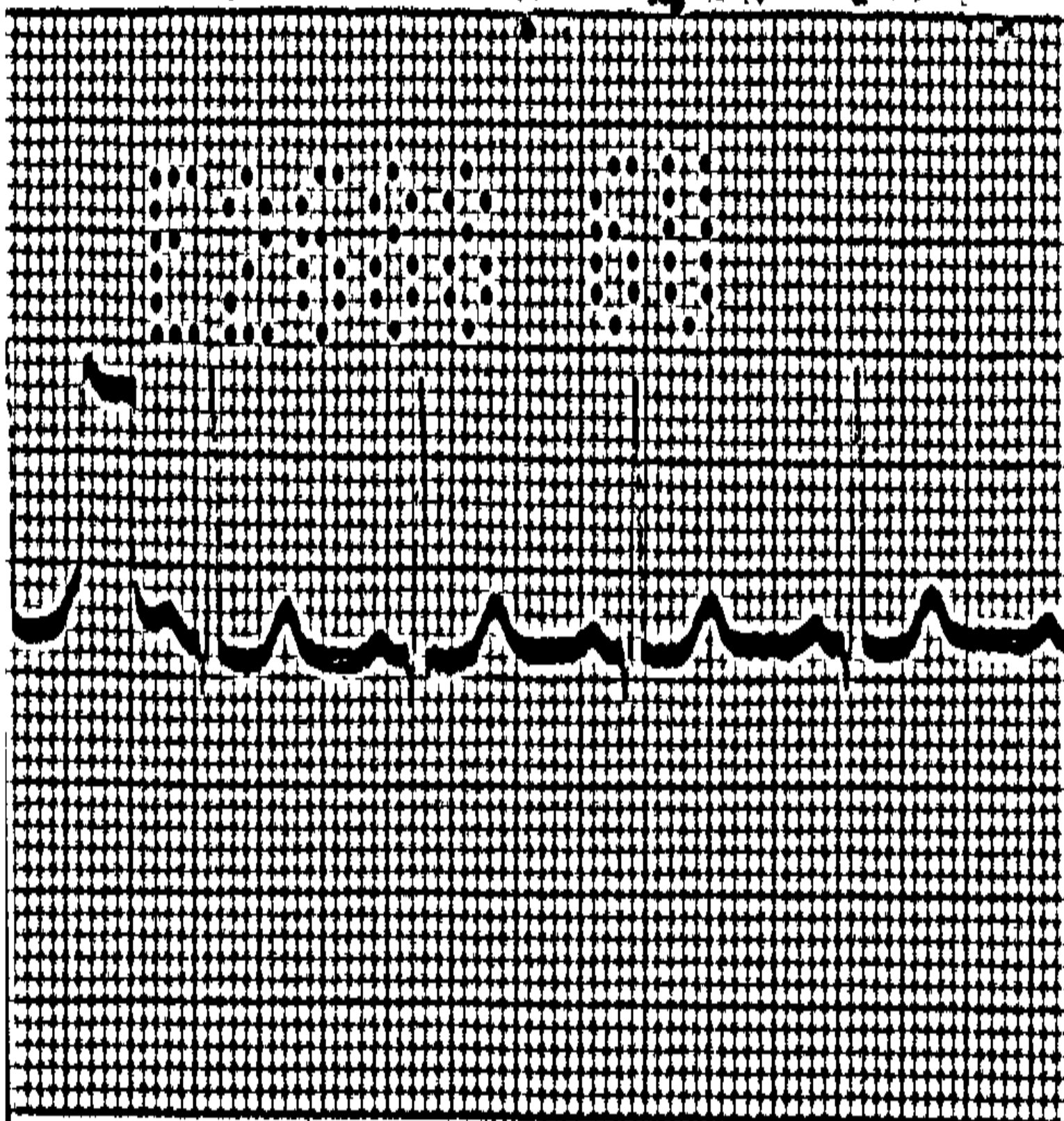
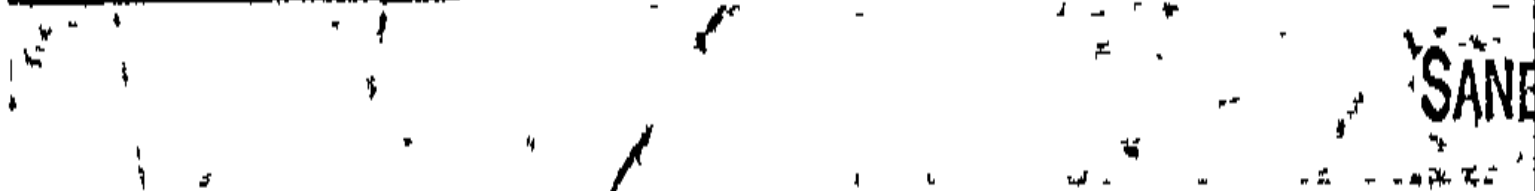
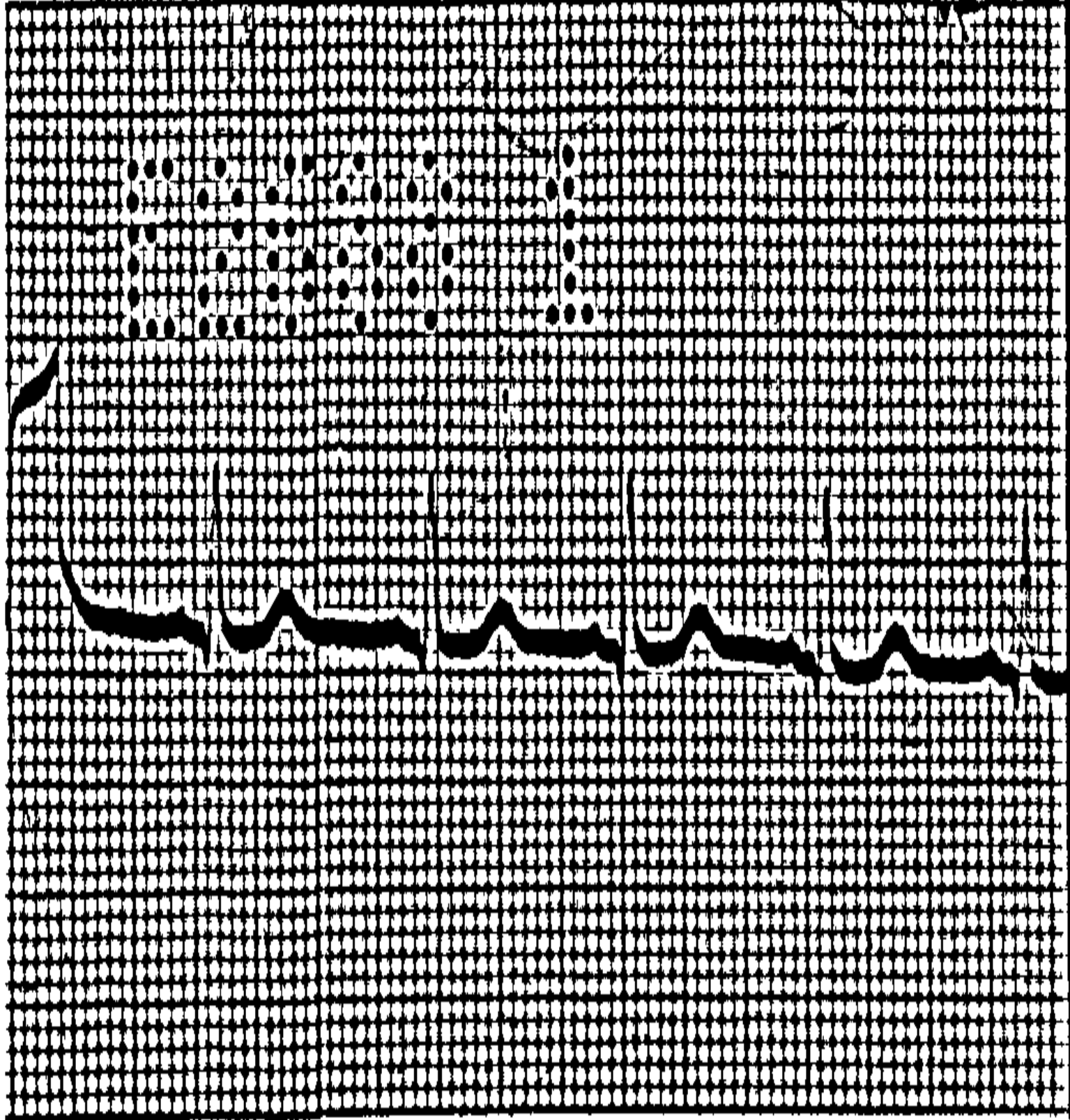
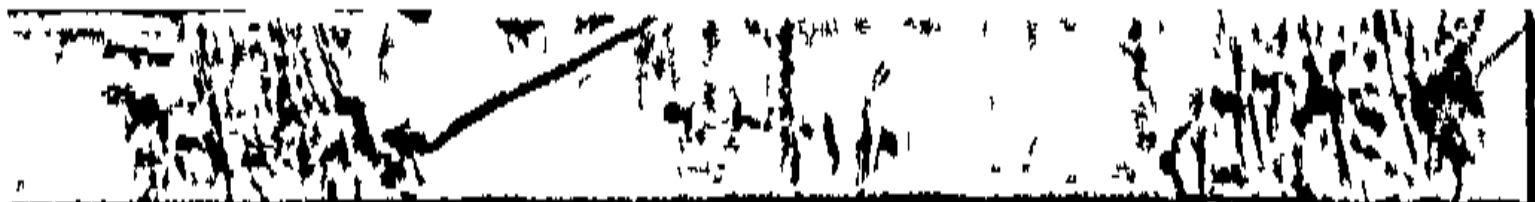
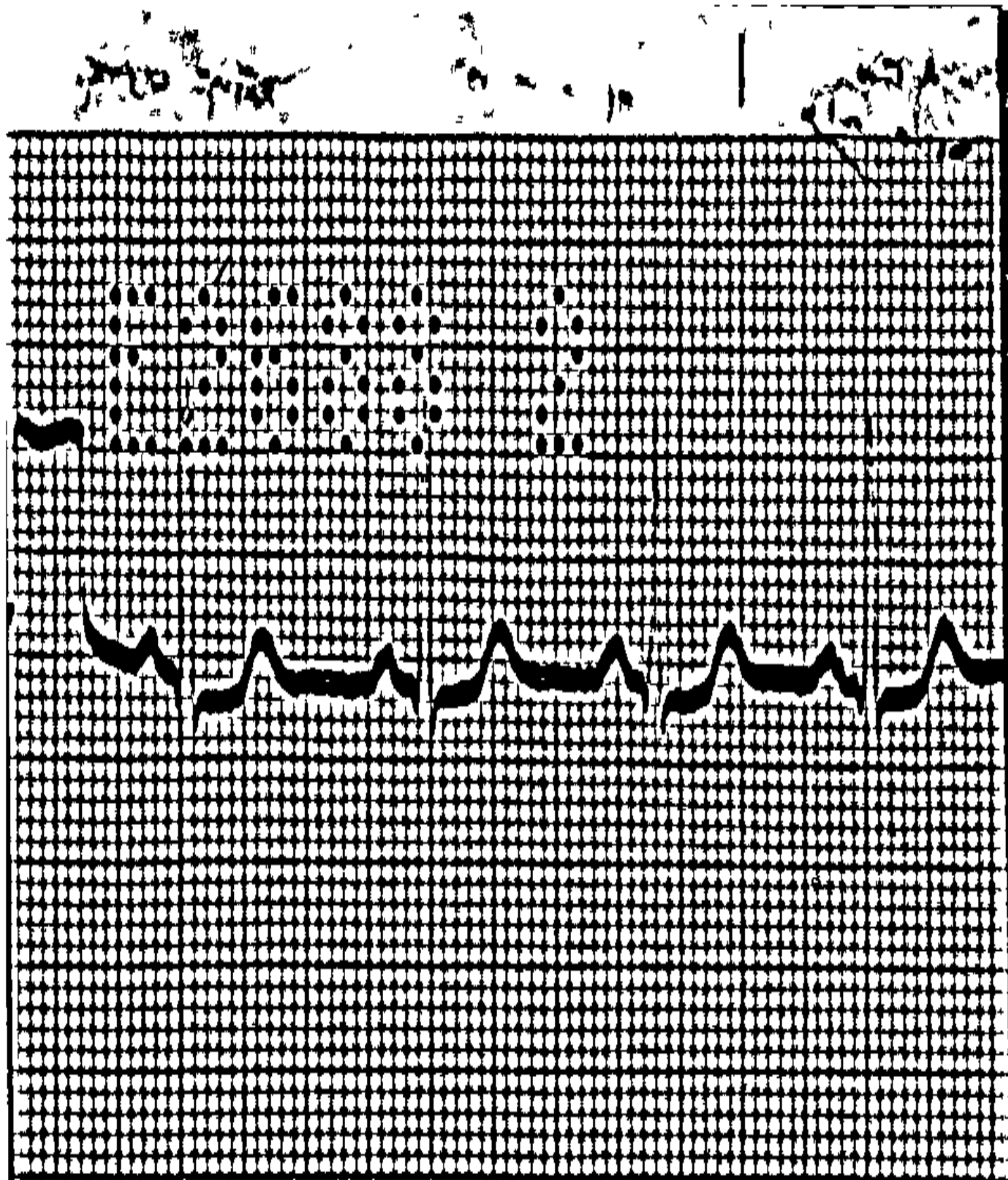


CHART NO. 120

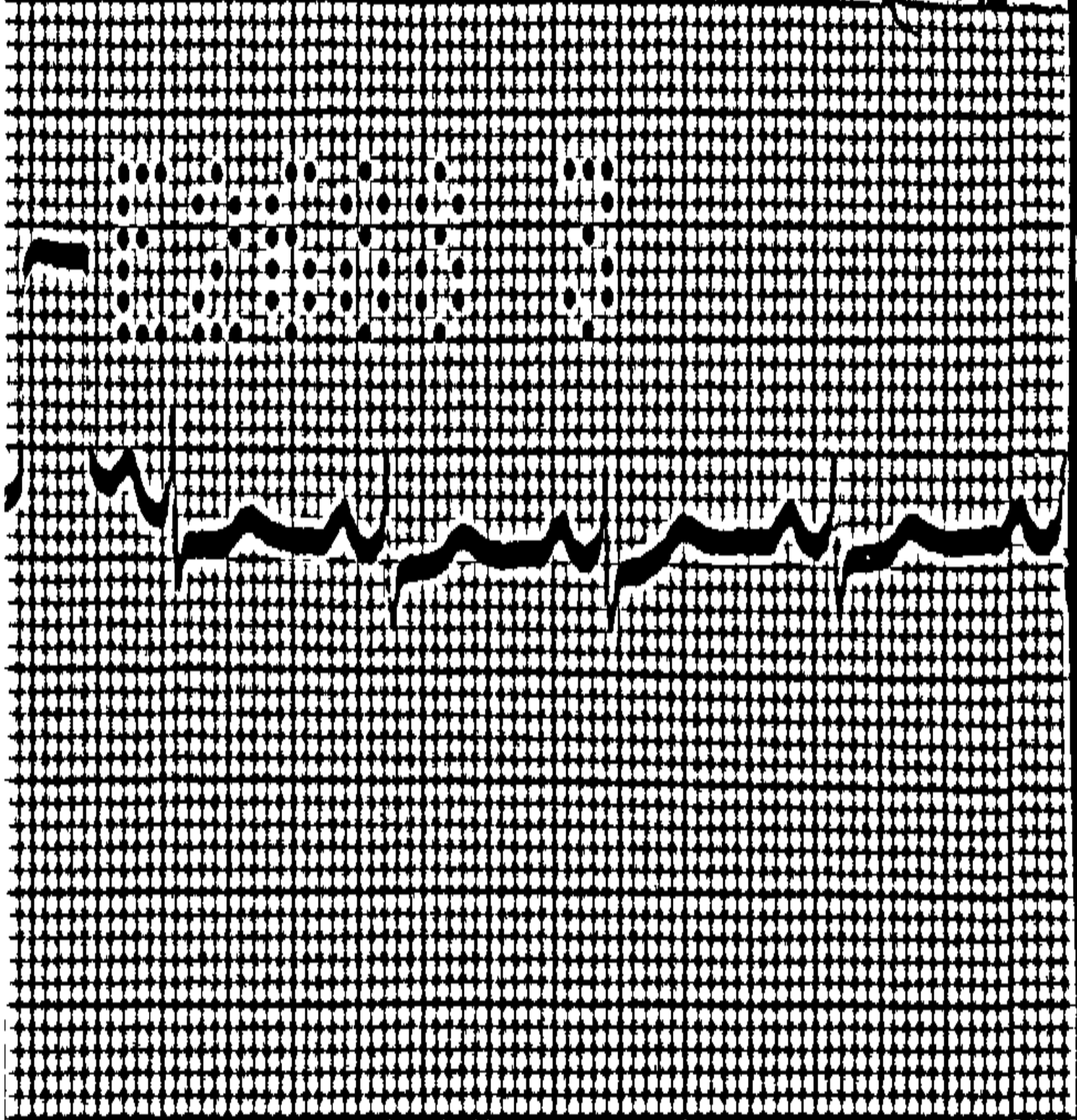


SANE



SANBOR

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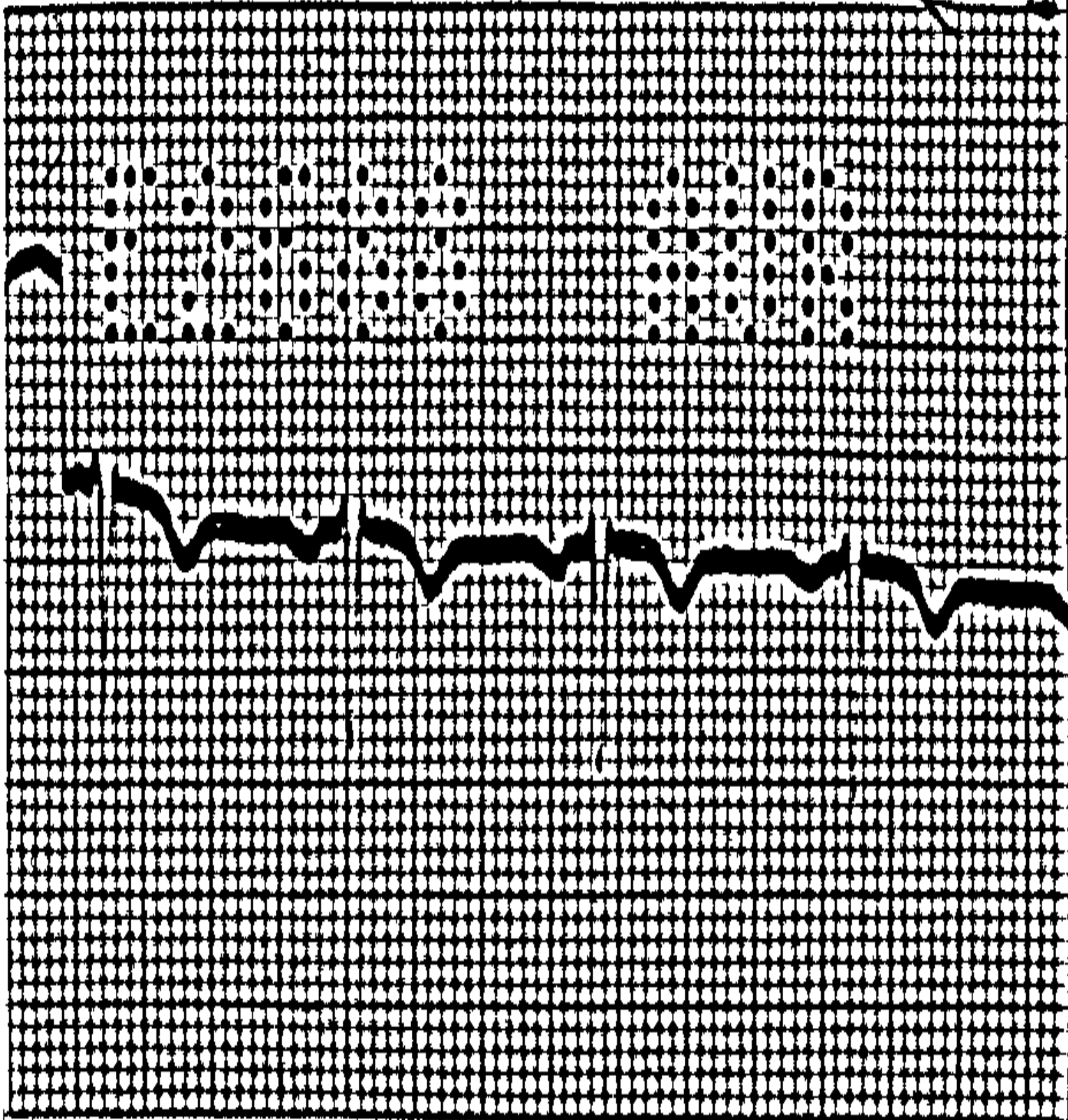
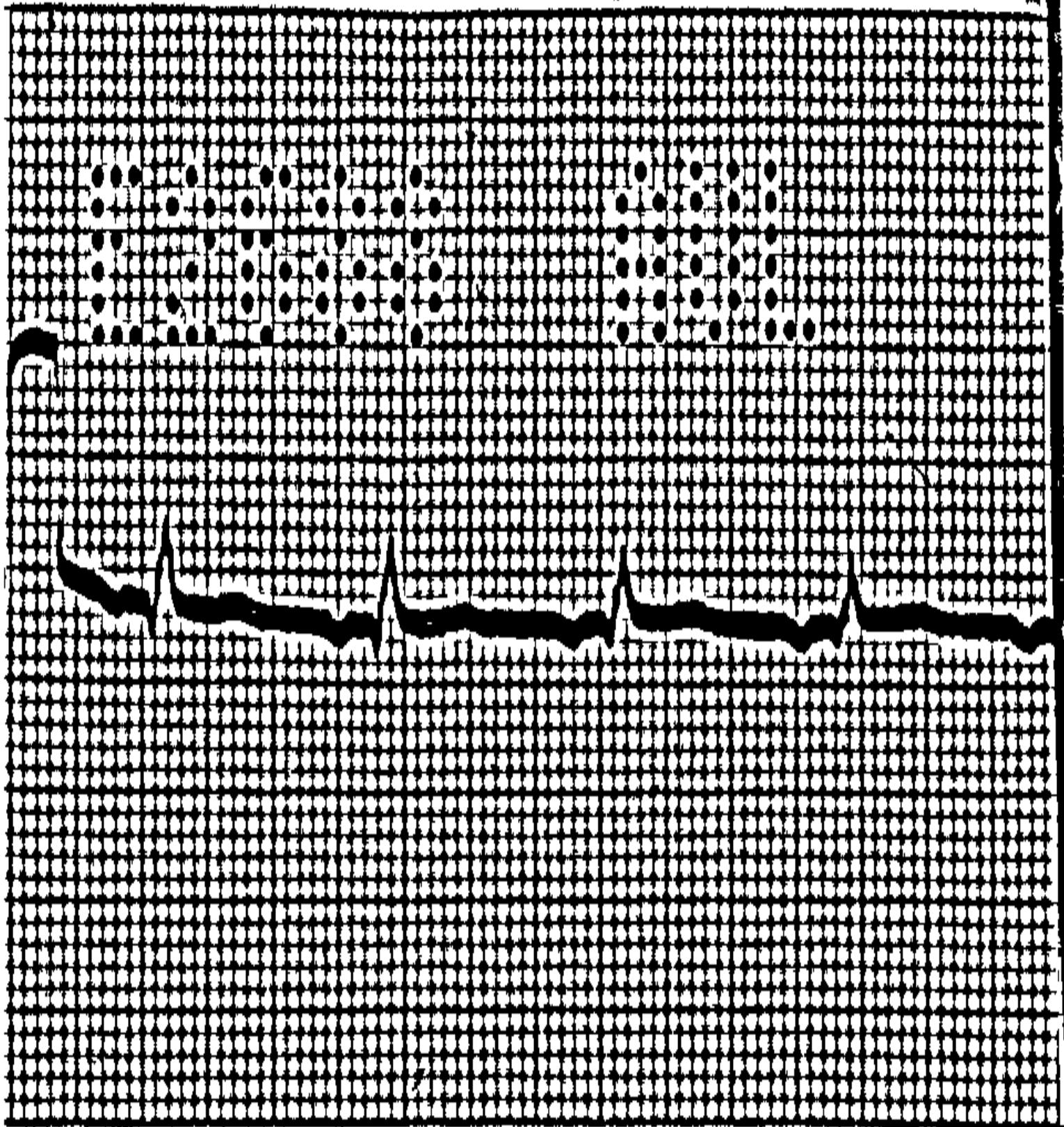
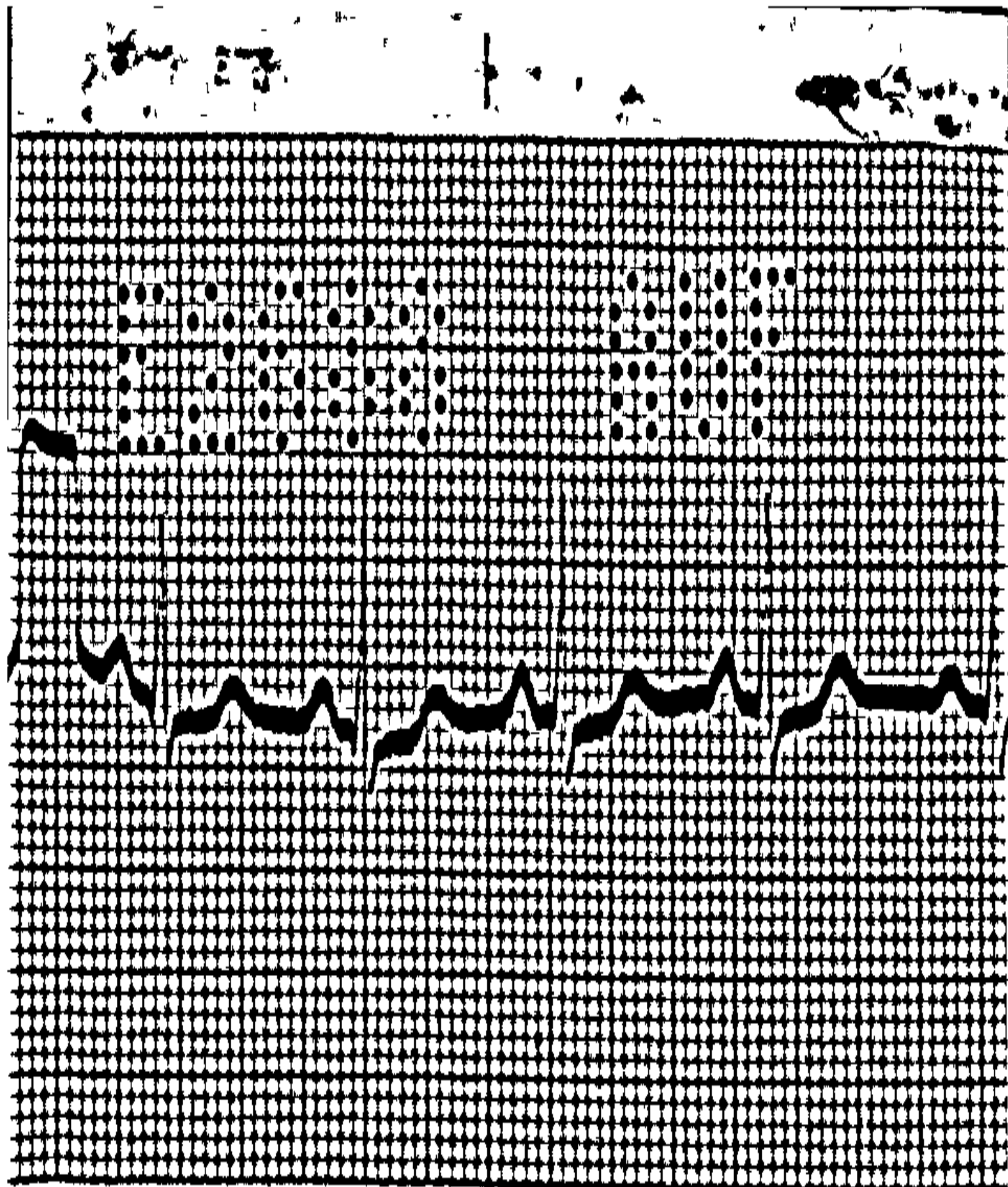


CHART-NO. 120



Permapaper



SANBORN VISO-CARDIET

| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC RECORD | | PREVIOUS ECG
PREVIOUS ECG
☒ YES ☐ NO | |
|--|--|----------|---------------|--------------|-------------------|-----------------------------|--|---|--|
| CLINICAL IMPRESSION | | | | | | MEDICATION | | ☐ EMERGENCY
☒ ROUTINE | |
| AGE
58 | | SEX
M | RACE
CAUC. | HEIGHT
69 | WEIGHT
168 1/2 | B. P. | | SIGNATURE OF WARD PHYSICIAN | |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | RATES
AURIC. VENT. | |
| INTERVALS | | | | | | P WAVES | | | |
| PR | | QRS | | QT | | | | | |
| QRS COMPLEXES | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | |
| UNIPOLAR EXTREMITY LEADS (Specify) | | | | | | | | | |
| PRECORDIAL LEADS (Specify) | | | | | | | | | |
| SUMMARY, SERIAL CHANGES, AND IMPLICATIONS: | | | | | | | | | |

WITHIN NORMAL LIMITS

NO SIGNIFICANT CHANGE SINCE 12-10-62

(Continue on reverse)

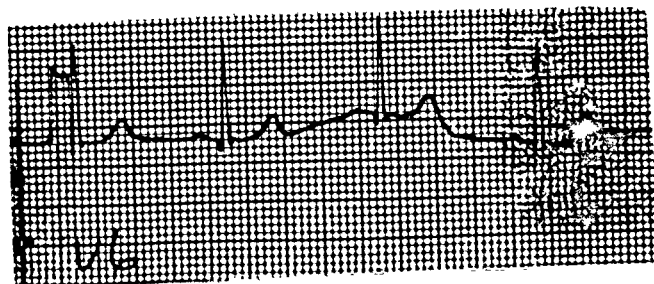
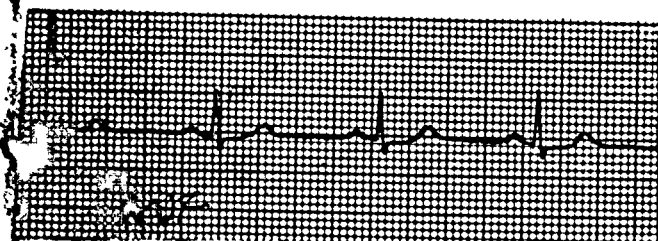
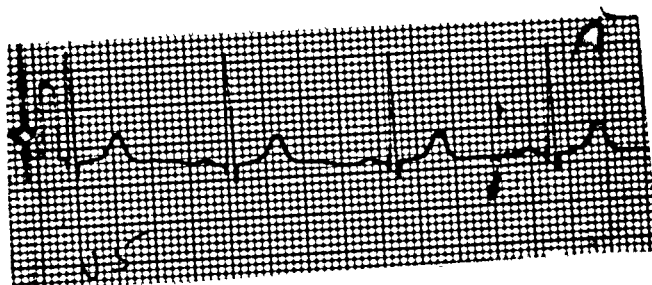
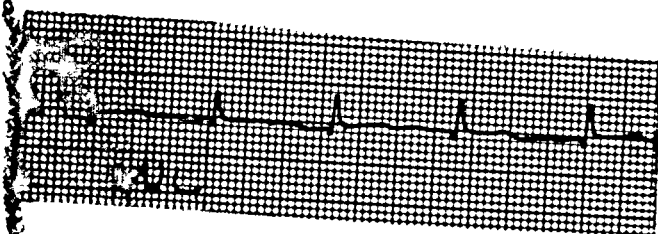
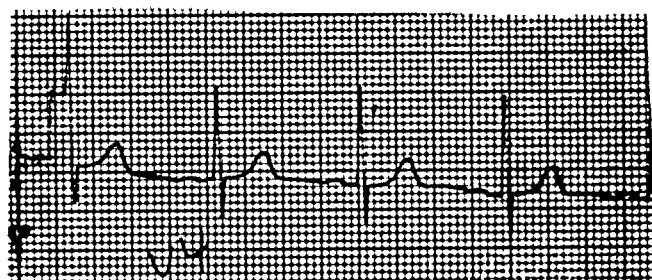
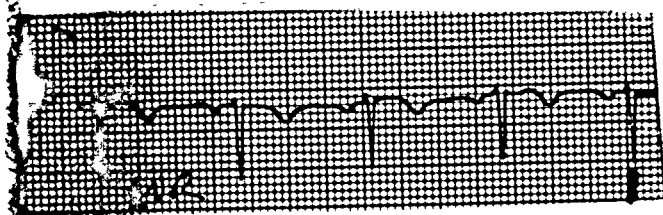
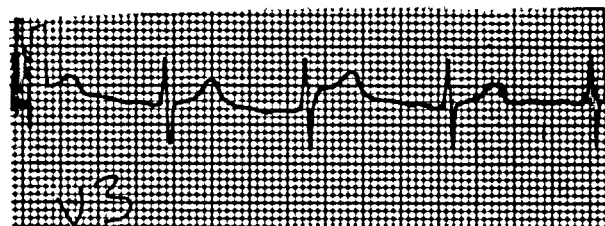
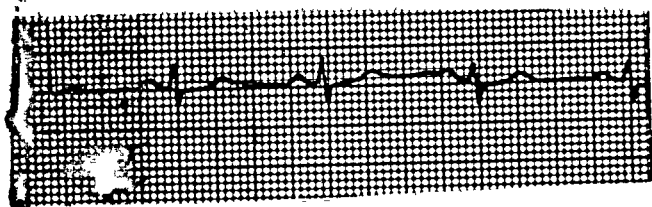
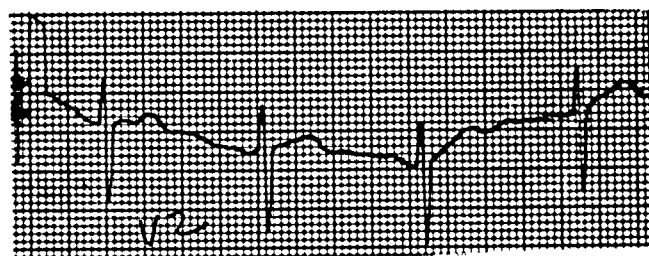
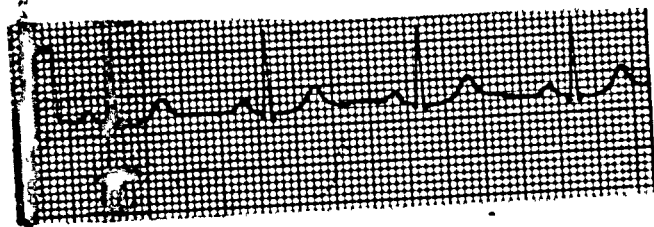
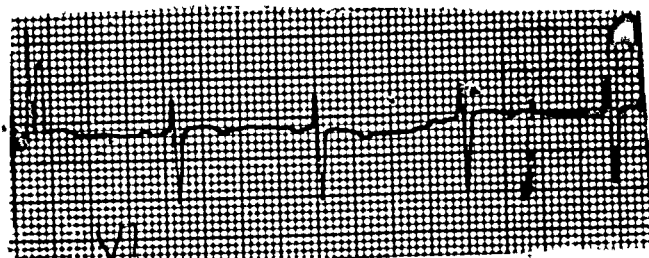
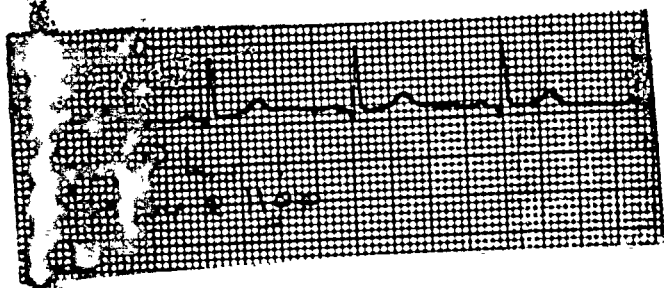
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|---|-----------|------------------------------------|--------------------------|
| NO.
ECG | SIGNATURE | TITLE | DATE |
| | | W. H. MC MICKEN
LCDR MC USNFB I | 10-27-64 |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | | | WARD NO.
STAFF CLINIC |

COX, PAUL LESLIE

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S F 507)

SA-FBI

WMC



CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

☒ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY

☐ BEDSIDE

☒ ROUTINE

☒ AMBULANT

AGE

SEX

RACE

HEIGHT

WEIGHT

D P

SIGNATURE OF WARD PHYSICIAN

DATE

11-18-63

RHYTHM

AXIS DEVIATION (QRS)

RATES

INTERVALS

AURIC.

VENT.

PR

QRS

QT

P WAVES

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WNL
NCS 12/10/62

NO.

ECG

SIGNATURE

CLINTON J. MCGREW, JR.
LCDR (MC) USN

TITLE

DATE

11-18-63

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

FBI

WARD NO.

STAFF CLINIC

COK, PAUL L.

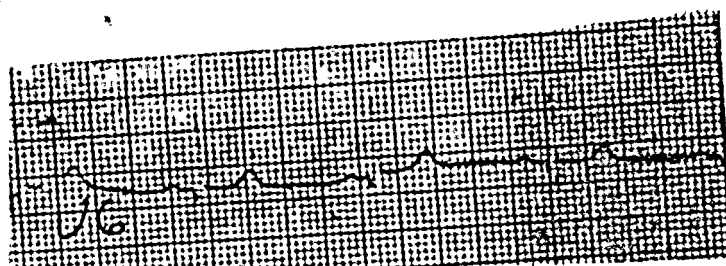
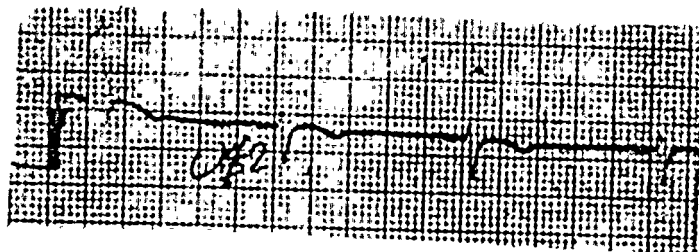
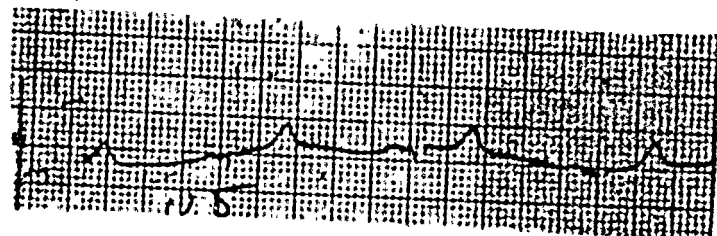
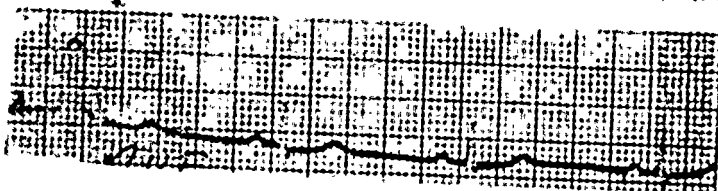
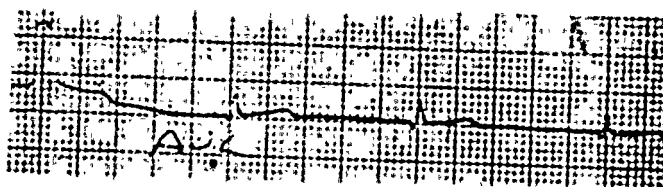
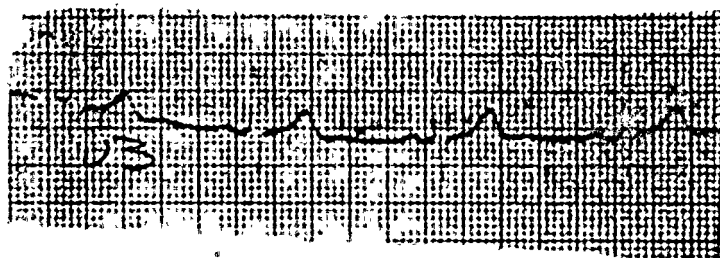
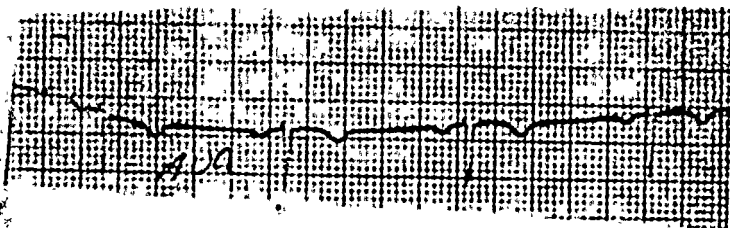
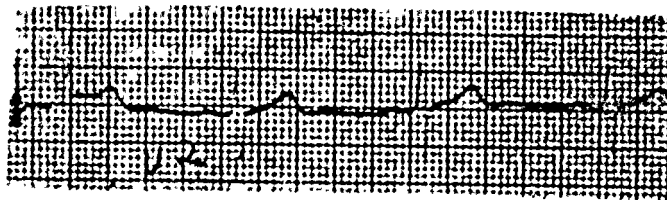
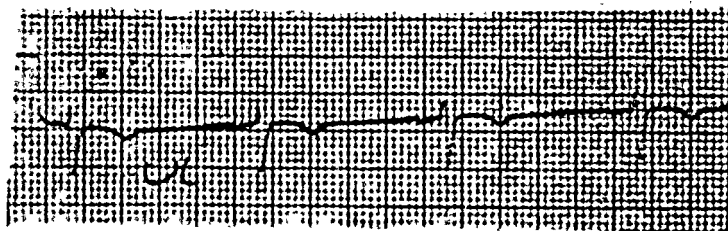
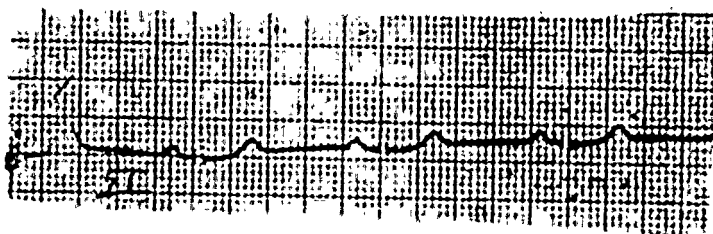
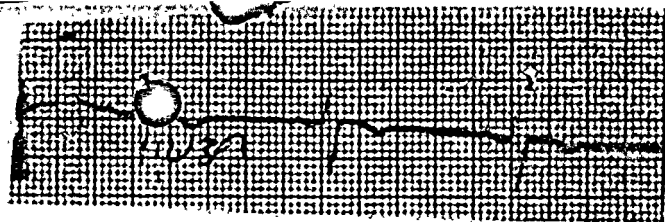
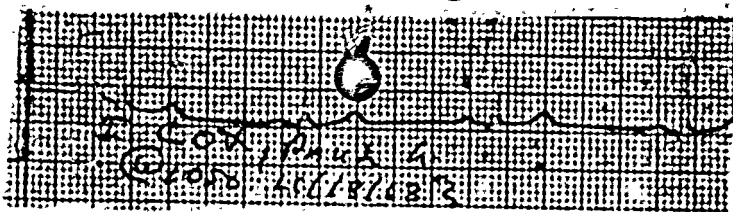
SA-FBI

ELECTROCARDIOGRAPHIC RECORD

Standard Form 320

570-104

(Attach tracings to S P 307)



(311)

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

☒ YES ☐ NO

CLINICAL IMPRESSION

Routine

MEDICATION

☐ EMERGENCY

☐ BEDSIDE

☒ ROUTINE

☒ AMBULANT

AGE

SEX

RACE

HEIGHT

WEIGHT

B. P.

SIGNATURE OF WARD PHYSICIAN

DATE

RHYTHM

AXIS DEVIATION (QRS)

RATES

INTERVALS

P WAVES

AURIC

VENT.

PR

QRS

QT

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WNL

(Continue on reverse)

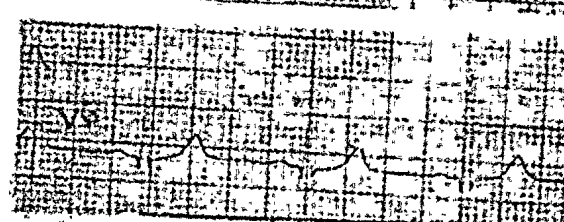
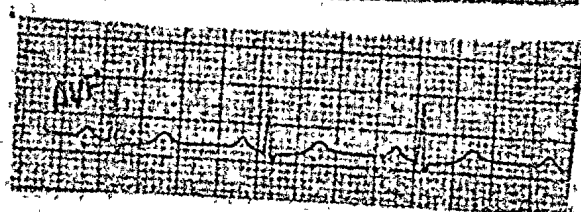
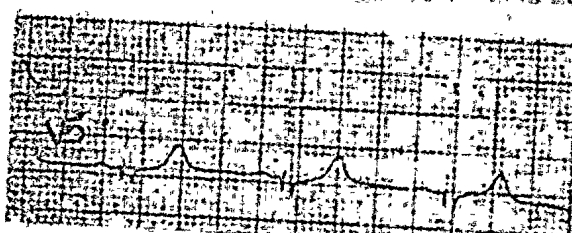
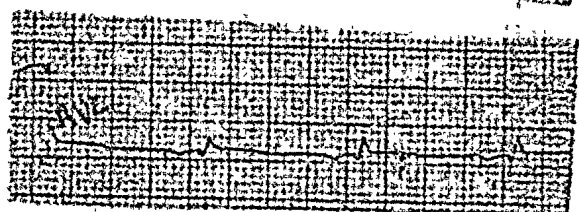
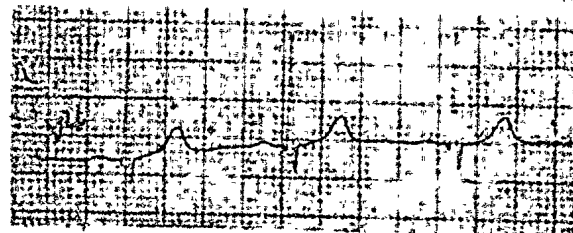
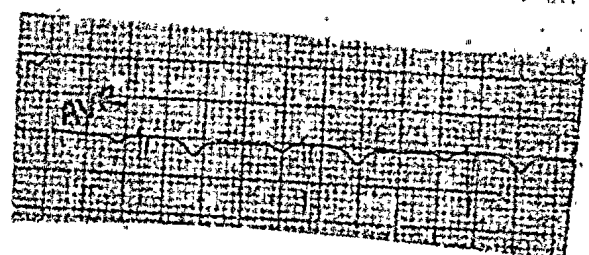
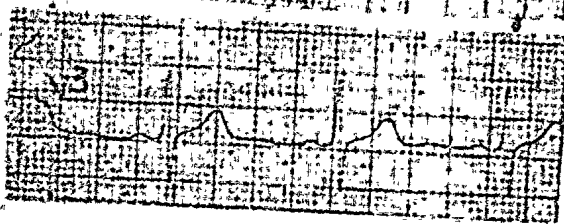
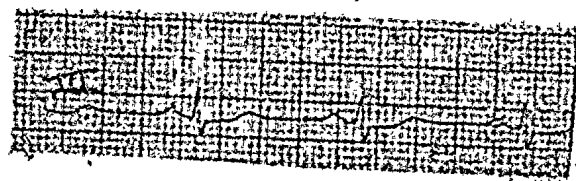
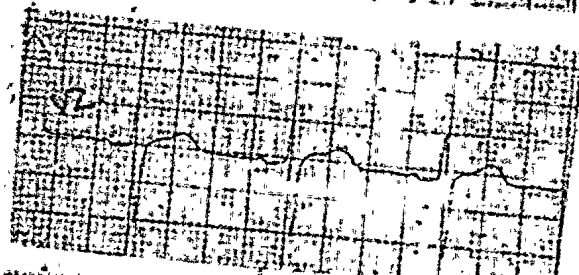
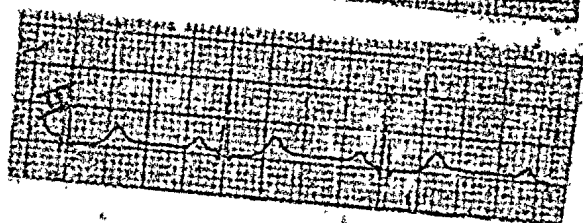
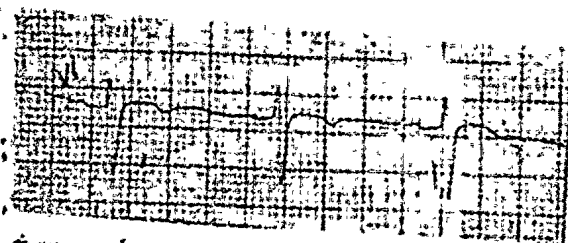
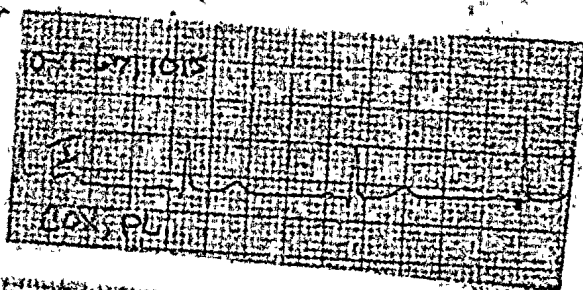
| | | | |
|--|------------------|-------|----------|
| NO. | SIGNATURE | TITLE | DATE |
| ECG | <i>P. L. Cox</i> | | 10-13-67 |
| PATIENT IDENTIFICATION (The typed or written name of patient, last, first, middle; gender, date, hospital or medical facility) | | | Ward No. |
| Cox, Paul L. | | | 7-18 |
| SA-FBI | | | |
| NNMC | | | |

ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

200 104

(Attach findings to S. F. 507)



| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC RECORD | | PREVIOUS ECG | |
|---------------------------------------|----------|-------------|---------------|------------|-------|-----------------------------|--|---|--|
| CLINICAL IMPRESSION
<i>Routine</i> | | | | | | MEDICATION | | ☒ YES | ☐ NO |
| | | | | | | | | ☐ EMERGENCY | ☐ BEDSIDE |
| | | | | | | | | ☒ ROUTINE | ☒ AMBULANT |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD PHYSICIAN | | | DATE |
| <i>60 M</i> | <i>M</i> | <i>CAUC</i> | <i>68 3/4</i> | <i>158</i> | | | | | <i>10-4-66</i> |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | RATES | |
| | | | | | | | | AURIC. VENT. | |
| INTERVALS | | | | | | P WAVES | | | |
| PR | | | | | | QRS | | QT | |
| QRS COMPLEXES | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | |
| UNIPOLAR EXTREMITY LEADS (Specify) | | | | | | | | | |
| PRECORDIAL LEADS (Specify) | | | | | | | | | |

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WITHIN NORMAL LIMITS.

(Continue on reverse)

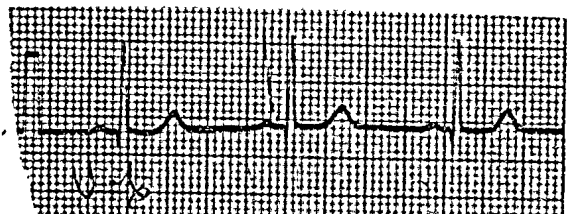
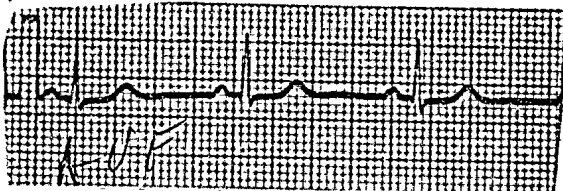
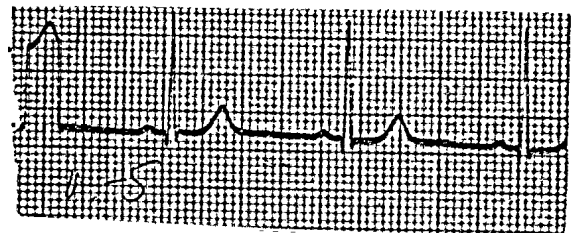
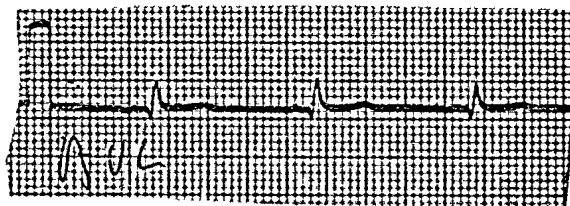
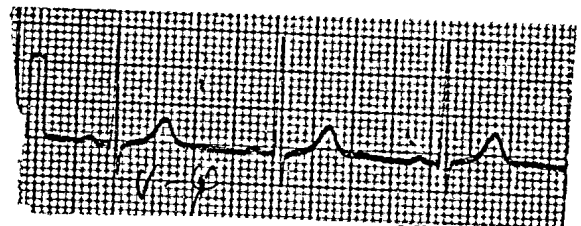
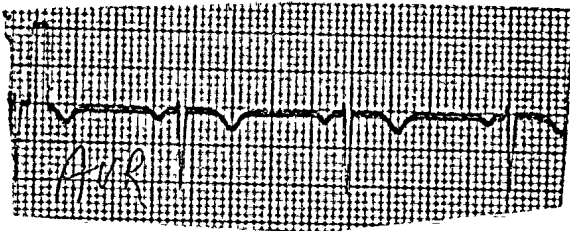
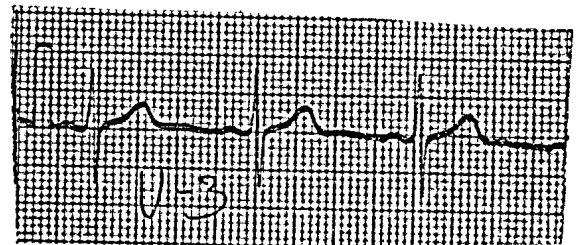
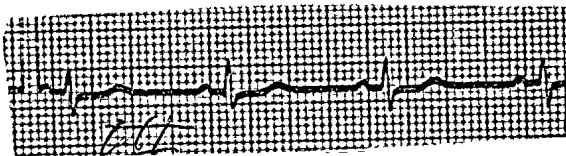
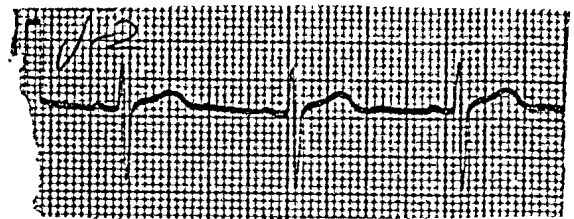
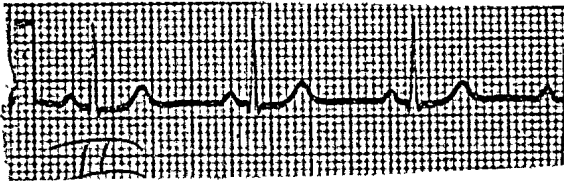
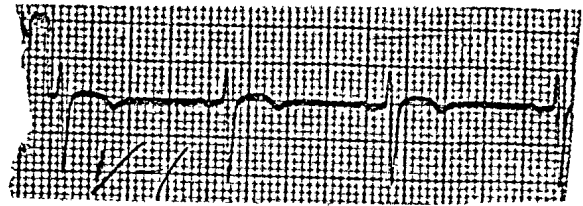
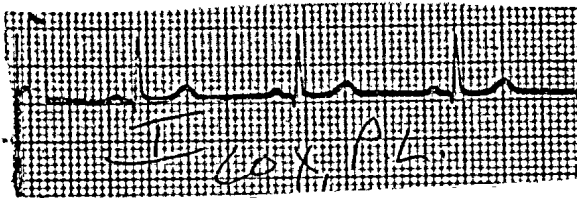
| | | | | |
|---|---------------|------------------------|--------------|-------------|
| NO. | SIGNATURE | TITLE | REGISTER NO. | WARD NO. |
| ECG | <i>006363</i> | <i>J.B. EMERY, Jr.</i> | <i>FBI</i> | <i>7-17</i> |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade, date, hospital or medical facility) | | | | |

COX, PAUL L,
SA-FBI
NA/MC

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520

Attach tracings to p. 2 of 507

5 OCT 1966



PREVIOUS ECG

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

YES NO

CLINICAL IMPRESSION

MEDICATION

EMERGENCY

URGENT

ROUTINE

AMBULANT

AGE SEX RACE HEIGHT WEIGHT B. P.

57 M CAUC 69" 159 110

SIGNATURE OF WARD PHYSICIAN

DATE

10/11/65

RHYTHM

AXIS DEVIATION (QRS)

RATES

INTERVALS

P WAVES

AURIC

VENT

PR

QRS

QT

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES AND IMPLICATIONS,

WITHIN NORMAL LIMITS

NSCS 10-27-64

NO.

ECG

SIGNATURE

R.E. GRU AWALT
LCDR MC USN

TITLE

DATE

10-16-65

PATIENT'S IDENTIFICATION (For typed or written entries: Name, last, first, middle; grade, date; hospital or medical facility)

REGISTER NO.

FBI

WARD NO.

State Clinic

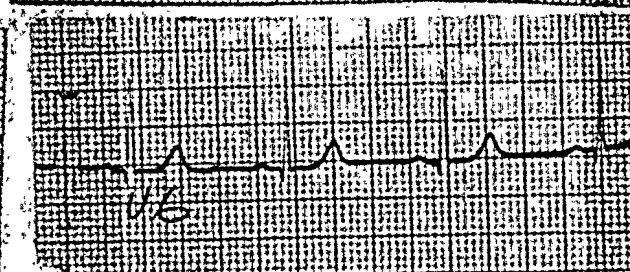
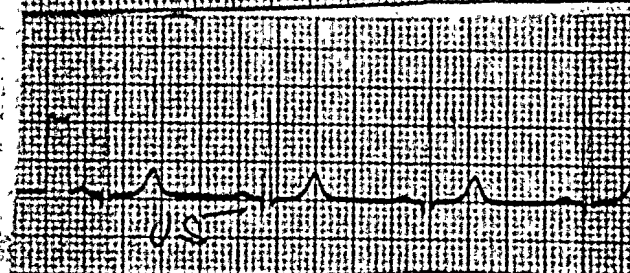
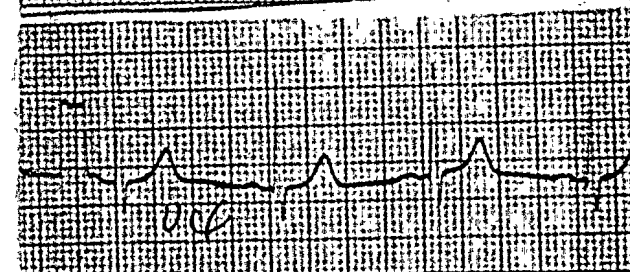
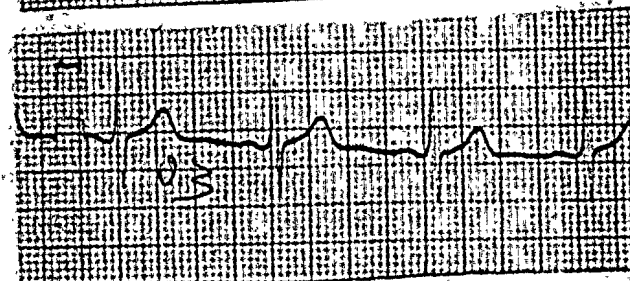
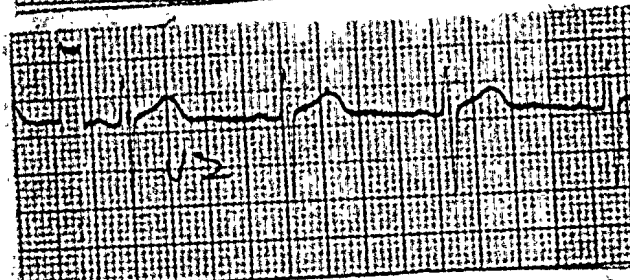
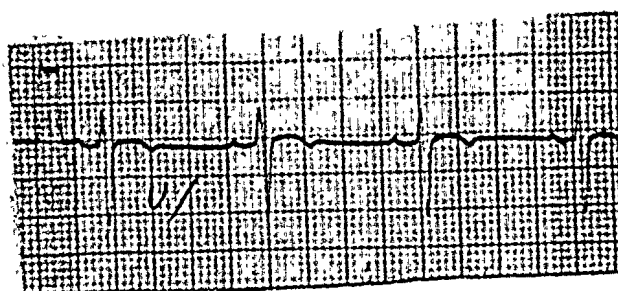
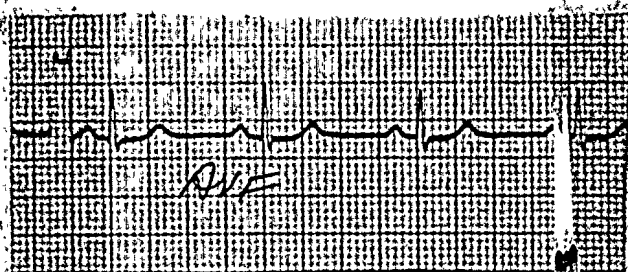
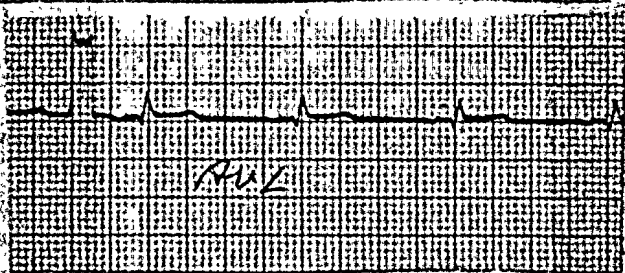
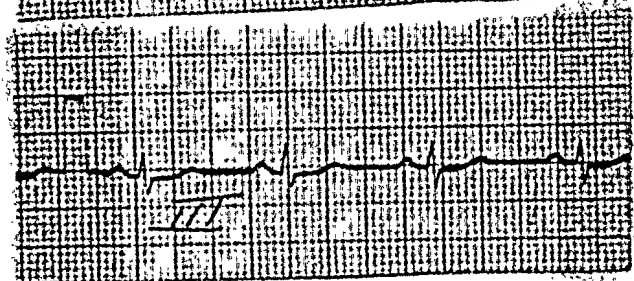
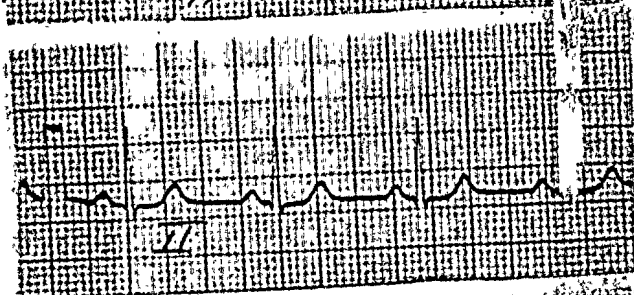
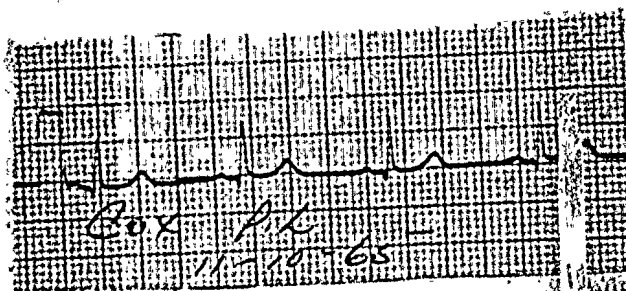
Cox Paul L.

SA-FBI

12 MC

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520

(Attach Pacing to S I 53)



| | | | | | | | | | | | |
|------------------------------------|-----|------|--------|--------|-------|------------------------------------|--|--|--|---|--|
| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC RECORD | | | | PREVIOUS ECG
☐ YES ☐ NO | |
| CLINICAL IMPRESSION | | | | | | MEDICATION | | | | ☐ EMERGENCY ☐ BEDSIDE
☐ ROUTINE ☐ AMBULANT | |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD PHYSICIAN | | | | DATE | |
| 56 | M | 5-9 | 162 | | | | | | | 12/10/62 @ 1050 | |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | | | RATES | |
| normal sinus | | | | | | /60 | | | | AURIC. VENT. 71 | |
| INTERVALS | | | | | | P WAVES | | | | | |
| PR .16 QRS .07 .96 | | | | | | normal | | | | | |
| QRS COMPLEXES | | | | | | | | | | | |
| normal | | | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | | | |
| normal | | | | | | normal | | | | | |
| UNIPOLAR EXTREMITY LEADS (Specify) | | | | | | | | | | | |

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

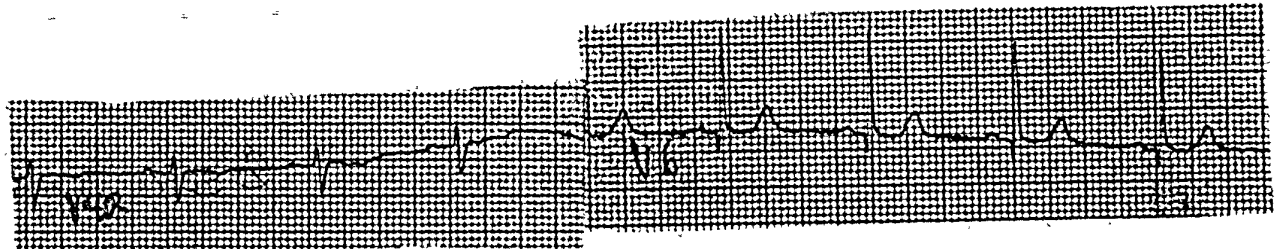
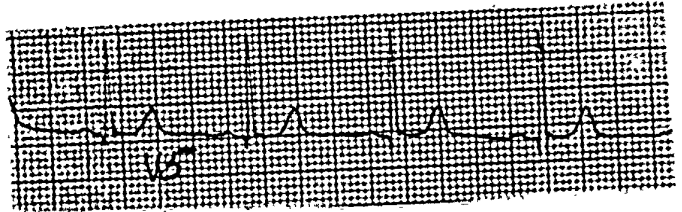
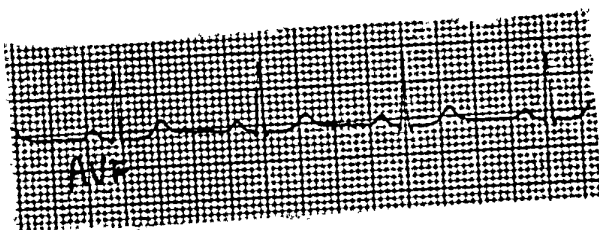
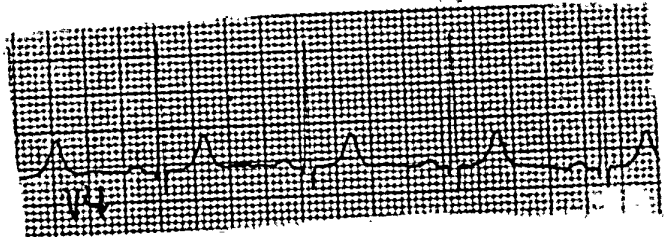
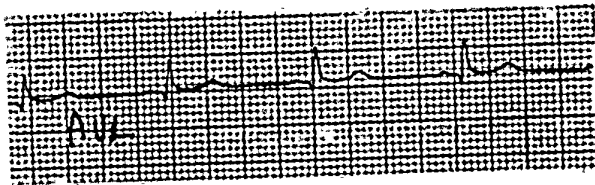
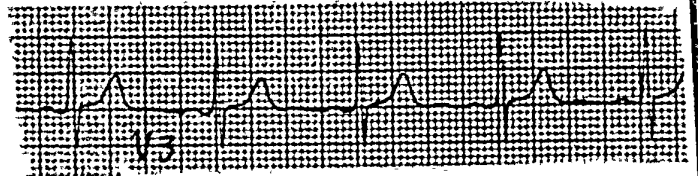
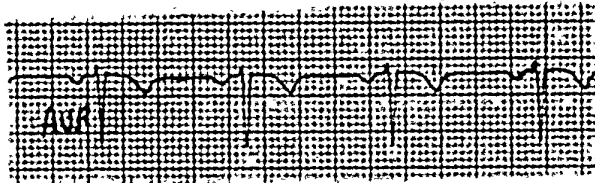
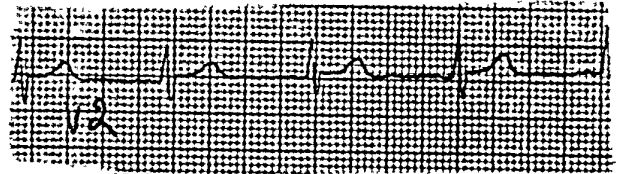
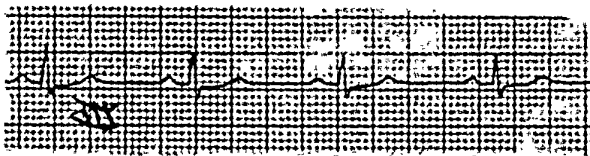
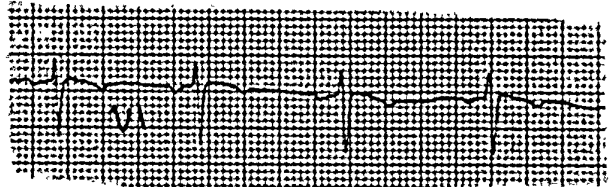
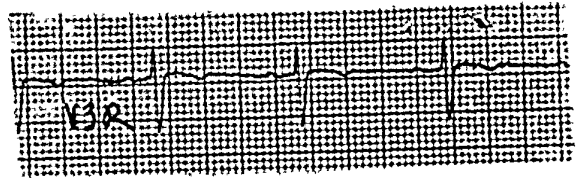
1. Within normal limits
2. No significant change since 1/24/62

(Continue on reverse)

| | | | |
|---|------------------------------|------------------|-----------------|
| NO.
ECG 20937 | SIGNATURE
W. WARRENDER/js | TITLE
LT MOUN | DATE
12/9/62 |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | | REGISTER NO. | WARD NO. |
| COX PAUL FBI | | | ST CL |

U. S. NAVAL HOSPITAL
CARDIOLOGY DEPT.
BETHESDA, MARYLAND

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)



| CLINICAL RECORD | | | | | | ELECTROCARDIOGRAPHIC RECORD | | PREVIOUS ECG
☐ YES ☐ NO | |
|------------------------------------|-----|------|--------|--------|-------|-----------------------------|--|---|----------------|
| CLINICAL IMPRESSION | | | | | | MEDICATION | | ☐ EMERGENCY ☐ BEDSIDE
☐ ROUTINE ☐ AMBULANT | |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD PHYSICIAN | | | DATE |
| 55 | M | | 5-9 | 1616 | | | | | 1/24/62 @ 1150 |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | | RATES | |
| Normal sinus | | | | | | | | AURIC. VENT. 65 | |
| INTERVALS | | | | | | P WAVES | | | |
| PR .16 QRS .08 QT .38 | | | | | | Normal | | | |
| QRS COMPLEXES | | | | | | | | | |
| Normal | | | | | | | | | |
| RS-T SEGMENT | | | | | | T WAVES | | | |
| Normal | | | | | | Normal | | | |
| UNIPOLAR EXTREMITY LEADS (Specify) | | | | | | | | | |

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits
2. No significant change since 2/6/61

(Continue on reverse)

| | | | | |
|---|-------|------------------------------|---------------------|--------------------|
| NO.
ECG | 20937 | SIGNATURE
J.J. DEMPSEY/js | TITLE
CDR MC USN | DATE
1/25/62 |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | | | REGISTER NO. | WARD NO.
ST.CL. |

cox paul L.FBI
USNH NNMC BETHSEDA, MD

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

May 29, 1950

~~PERSONAL AND CONFIDENTIAL~~

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on April 21, 1950.

This report reflects that you have defective vision of 20/20-2 in both eyes, corrected to 20/20. It is also noted that you have a skin condition known as psoriasis.

There is enclosed herewith a copy of the electrocardiogram afforded you in this connection.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of performing strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

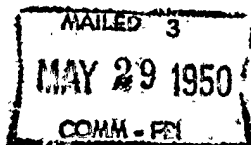
Sincerely yours,

John Edgar Hoover
Director

Enclosure

CC-Mr. Belmont (P & G)
HLE:cmn

Tolson _____
Ladd _____
Clegg _____
Glavin _____
Nichols _____
Rosen _____
Tracy _____
Harbo _____
Mohr _____
Tele. Room _____
Nease _____
Gandy _____



[Handwritten signature]

Paul L. Cap

MAY 2 1941

RECORDED

PHYSICAL EXAM.

| | |
|---------------------------------|-----------------|
| 67-207284-3 | |
| Routed..... | Indexed..... |
| Searched..... | Checked..... 69 |
| Numbered..... | Filed..... 13 |
| APR 21 1941 | |
| FEDERAL BUREAU OF INVESTIGATION | |

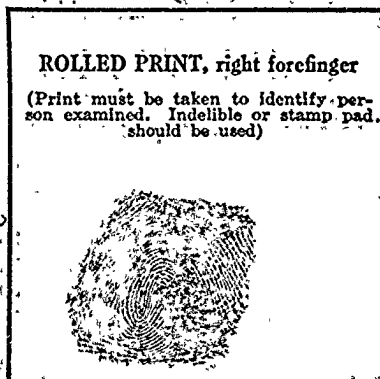
CHIEF CLERK
WRC-ELL

UNITED STATES CIVIL SERVICE COMMISSION

CERTIFICATE OF MEDICAL EXAMINATION UNDER EXECUTIVE ORDER, SEPT. 4, 1924

(APPLICANT MUST FILL IN DOTTED LINES BELOW TO HEAVY LINE)

PAUL LESLIE COX
(Name)
721 So. 7th St. SPRINGFIELD ILLINOIS
(Post-office address)
MALE
(Sex)
SEPT. 6, 1906
(Date of birth)
What examination did you take? SPECIAL AGENT CLAW TRAINED
In what Department and Bureau are you to be employed? DEPARTMENT of JUSTICE
FEDERAL BUREAU of INVESTIGATION
In what City or Town are you to be employed? Not known



(PHYSICIAN SHOULD FILL IN THE FOLLOWING)
68.5 inches. * 153 pounds. 147 pounds.
(Height, without shoes) (Weight, in clothing) (Weight, without clothing)
Males, without clothing; females, clothed but without wrap or hat.

Items checked (V) were examined and found normal. Deviations from normal are noted. (See instructions on back of sheet)

1. Eyes: Distant vision: Without glasses: Right: 20 Left: 20 With glasses if worn: Right: 20 Left: 20
(Near vision must be reported; use space provided on back of this form.)
Evidence of disease or injury: Right: none Left: none
Color vision: normal Method of testing color vision: staining
2. Ears: (Consider denominators indicated here as normal. Record as numerators the actual distance heard.) Ordinary conversation: Right ear—20 Left ear—20
20 ft. 20 ft.
Evidence of disease or injury: Right ear: none Left ear: none
3. Nose: normal
4. Mouth: normal
5. Throat: normal
6. Thyroid (especially in women): normal
7. Heart: normal
If organic heart disease is present, is it fully compensated? no
History of tuberculosis: no
Has it been arrested for 1 year? no
8. Lungs: Right: normal
Left: normal
If present, is it supported by a well-fitting truss? none
9. Hernia: none
(Name variety: Inguinal, ventral, femoral, etc.)
10. Varicose veins: none
(If "Yes," state location and degree)
11. Feet: Is flat foot present? no Degree of impairment of function: none
(None, slight, moderate, severe)
12. Deformities, atrophies, and other abnormalities, diseases, or defects not included above: none
13. Scars of serious injury or disease: none
14. Nervous system (give symptoms and history): none
15. Urinalysis (see over): none Venereal disease: none
16. Has applicant ever received pension, compensation, allowance, retired pay, or training because of disability received while in military or naval service? no If "Yes," describe disability and state whether present now
17. In my opinion, applicant is capable of performing duties involving arduous physical exertion.
(Arduous, moderate, or light)
- Springfield, Ill. (Place of examination)
4/15/41 (Date of examination)
The examining physician must be in the Federal service
J. N. Flusche (Name of examining physician)
none (Title, and branch of Federal medical service)

*For males, to be taken only upon special written request of the official ordering examination.

This report is to be returned to the official of the U. S. Civil Service Commission requesting the examination

The aim of the Executive order of Sept. 4, 1924, and of this examination there is to obtain information as to the physical condition of appointees to the classified civil service with a view to promoting efficiency and minimizing accidents and claims under United States employees' compensation laws.

NOTES FOR EXAMINING PHYSICIAN

WEIGHT.—Males, without clothing, and also in ordinary clothing without overcoat or hat (weigh twice); females, clothed, but without wrap or hat. If overweight, state whether due to bone and muscle or to fat.

HEIGHT.—Without boots or shoes; observe that no appliances are used to increase.

The examination should include the following observations, as to—

1. **EYES.**—Ptosis; discharge; corneal scar; pterygium. In recording distant vision consider 20 feet as normal and report all vision as a fraction with 20 feet as numerator and the smallest type read at 20 feet as denominator. If glasses are used, record for each eye the finding with and without glasses.*

2. **EARS.**—Evidence of middle ear or mastoid disease; condition of drums; discharge. In recording hearing, record 20 feet as normal distance for conversational voice and record deviation from normal as fraction with 20 as denominator and actual distance as numerator.

3. **NOSE.**—Ability to blow through each nostril. If free, a speculum examination would not be indicated.

4. **MOUTH.**—Missing teeth, pyorrhea.

5. **THROAT.**—Tonsils, hypertrophy or disease.

6. **THYROID.**—Presence of tumor in neck and tremor, exophthalmos; nervous high-strung disposition, especially in women.

7. **HEART.**—Murmurs. State whether functional or organic. If valvular disease exists, state whether or not it is fully compensated.

8. **LUNGS.**—It is necessary that the auscultatory cough be used. Tuberculosis; if present, state whether active or arrested, and if arrested your opinion as to how long it has been quiescent. Sputum to be examined for tubercle bacilli in all suspected cases.

9. **HERNIA.**—Give details as to size, location, etc., and whether well-fitting truss is worn. An inguinal hernia exists when ring is enlarged and impulse is felt on coughing.

11. Flat foot of such a nature as to incapacitate or become aggravated by work or be alleged later to have been caused by accident or occupation. By "flat foot," as used in this form, is meant a weak foot with impaired function, the term being equivalent to "fallen or misplaced arch," an abnormal condition. Impairment of function is the point to be noted. An anatomically flat foot, but strong, is not disqualifying.

12 and 13. Scars, deformities, atrophies, and paralyses should be noted, but it is not important that small, insignificant scars or blemishes which might be referred to as marks of identification be recorded.

14. This entry should include symptoms and full history of any mental or nervous abnormality.

15. Urinalysis to be made and blood pressure to be taken in the cases of persons over 40, and in all cases where arteriosclerosis, nephritis, or diabetes is suspected.

Record, if taken—Urinalysis—sp. gr. 1.018 Albumen 0 Sugar 0 Casts —

Blood pressure: Mm. Hg. systolic 130 Mm. Hg. diastolic 80

If tachycardia is present, give pulse rate: Sitting — Immediately after exercise — Two minutes after exercise — Cardiac reserve —

(Good, fair, or poor)

I have found this applicant abnormal under the following headings: none

REMARKS: none

(Signature of applicant) Paul Resler Cox

(This space to be filled in (as a matter of identification) by the applicant in own handwriting, and in ink, in the presence of the physician)

(Signature of examining physician) G. F. Heischli

M. D.

IMPORTANT

(Title, and branch of Federal medical service)

Full time? no Part time? no Fee paid? yes

Without glasses...R...in. to...in. With glasses, if used...R...in. to...in.

L...in. to...in.

L...in. to...in.

*Near-vision.
What is the longest and the shortest distance at which the paragraph below can be read by applicant: Test each eye separately.

With the view of promoting health and efficiency and of minimizing accidents among Federal employees, the heads of the several executive departments and independent establishments having a medical personnel are directed to make such physical examinations of applicants for and employees in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative.
This order will supplement the Executive orders of May 29 and June 18, 1923 (Executive order, September 4, 1924).
Jaeger 1; Snellen .50; Dioptre 37 D.

To be appointed in—

Department —

Bureau —

Title of position —

Number of certificate upon which applicant's name appears 14

Mr. Tolson
Mr. E. A. Tamm
Mr. Clegg
Mr. Foxworth
Mr. Glavin
Mr. Ladd
Mr. Nichols
Mr. Rosen
Mr. Tracy

b6
b7C

FBI CHICAGO

MAY 3, 1941

1034 PM

GCW

DIRECTOR ✓

PAUL LSXXX LESLIE COX, SA APPLICANT. EMPLOYMENT RECORD SATISFACTORY. REFERENCES RECOMMEND HIGHLY AS INTELLIGENT, CAPABLE, PATRIOTIC AND OF GOOD PERSONALITY. NEIGHBORHOOD SCANT BUT SATISFACTORY. SPRINGFIELD OFFICE REQUESTED TO CHECK ON APPLICANTS EMPLOYMENT UNIVERSITY OF ILLINOIS MEDICAL SCHOOL. NO CRIMINAL OR CREDIT RECRD, CHICAGO.

DEVEREAUX

END

OK FBI WASH

67-
Routed
Number
MAY 8 1941
FEDERAL BUREAU OF INVESTIGATION

RECORDED

ENTERED BY PHOTO UNIT

CHIEF CLERK

Mr. Tolson
Mr. E. A. Tamm
Mr. Clegg
Mr. Forwerth
Mr. Glavin
Mr. Ladd
Mr. Nichols
Mr. Rosen
Mr. Carson
Mr. Drayton
Mr. Quinn Tamm
Mr. Hendon
Mr. Tracy
Miss Gandy

FBI INPLS 5-31XX 5-3-41 2 PM CST GEG
DIRECTOR

PAUL LESLIE COX, SA APPLICANT. BORN SEPTEMBER SIX, NINETEEN
AT RICHMOND, INDIANA, ATTENDED HUNTINGTON HIGH SCHOOL, HUNTINGTON
INDIANA FROM JANUARY TWENTY EIGHT, NINETEEN TWENTY THRU GRADUATION
MAY TWENTY FIVE, NINETEEN TWENTY THREE RANKING IN UPPER THIRD OF
CLASS. GRADES ABOVE AVERAGE, NO DISCIPLINARY ACTION NOTED. NO
FAILURES AND DATE OF BIRTH VERIFIED. ATTENDED HUNTINGTON COLLEGE
HUNTINGTON INDIANA FROM SEPTEMBER SEVENTEEN NINETEEN TWENTY THREE THRU
THRU JUNE NINETEEN TWENTY FIVE COMPLETING SIXTY HOURS REQUIRED FOR
ADMISSION TO LAW SCHOOL. GRADES ABOVE AVERAGE. NO DISCIPLINARY
RECORD FOUND. FAILURE IN TYPEWRITING NOTED AND DATE BIRTH VERIFIED.
REFERENCES FAVORABLE. EMPLOYMENT VERIFIED. REFERENCES AND INSTRUCTORS
CHARACTERIZE APPLICANT AS INTELLIGENT, NICE APPEARING, INDUSTRIOUS AND
AMBITIOUS. ENTERED INDIANA UNIVERSITY LAW SCHOOL SEPTEMBER FIFTEEN
NINETEEN TWENTY FIVE GRADUATING JUNE ELEVENTH NINETEEN TWENTY EIGHT
WITH LL.B. DEGREE. RECORDS SHOW APPLICANT MEMBER OF GAMMA ETA GAMMA.,
PROFESSIONAL LAW FRATERNITY, SECRETARY TREASURER OF DEMURRER CLUB.
NOW DEFUNCT AND NATURE OF THAT SOCIETY UNKNOWN NOW.
APPLICANT HAD BEEN CORRESPONDING SECRETARY OF JUNIOR
REPUBLICAN ORGANIZATION AT INDIANA UNIVERSITY. APPLICANT
APPLICATION TO LAW SCHOOL REFLECTS APPLICANTS FATHERS RELIGIOUS
AFFILIATION WAS QUAKER. PROFESSORS ACTIVE AT TIME APPLICANT ATTENDED
FAIL TO RECALL APPLICANT BUT REMARK THAT HIS GRADES INDICATED A
GOOD STUDENT. APPLICANT ADMITTED TO INDIANA BAR NOVEMBER THIRD

67-267287-7
Routed to
Search
Number
MAY 6 1941
FEDERAL BUREAU OF INVESTIGATION

PAGE TWO

NINETEEN THIRTY. NEIGHBORHOOD INVESTIGATION FAVORABLE. NO CREDIT OR POLICE RECORD FOUND. APPLICANT SAID TO HAVE DIVORCED FIRST WIFE AND NOW REMARRIED. NO UNAMERICAN ACTIVITIES OR TENDENCIES DISCLOSED AT HUNTINGTON OR BLOOMINGTON.

WYNNN

END

HOLD AFTER ACK PLEASE

LOK FBI WASHINGTON DC RFK

Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

May 6, 1941

TELETYPE BRIEF OF INVESTIGATION

MES
67-207288

RE: PAUL LESLIE COX
Special Agent Applicant

Written Rating: 52%
Oral " : 73%
Composite " : 62½%

Age: 34 2 yrs. - Huntington College
Divorced LL.B. - Indiana University
Remarried Member Illinois and Indiana Bars

EDUCATION

Huntington High School, Huntington, Ind., 1919-1923, grad, (as on appli.) Applicant attended from January 1920 to May 1923, and ranked in the upper third of the class. Grades above average, no disciplinary action noted. No failures. Instructors characterize applicant as intelligent, nice appearing, industrious and ambitious.

Huntington College, Huntington, Ind., 1923-1925, pre-law.

Grades above average. No disciplinary record found. Failure in typewriting noted. Instructors characterize applicant as intelligent, nice appearing, industrious.

and ambitious.

Indiana University, Bloomington, Ind., 1925-1928, LL.B. Degree.

Records show applicant member of Gamma Eta Gamma, professional law fraternity; secretary-treasurer of Demurrer Club, now defunct and nature of that society

unknown now. Applicant had been corresponding secretary of Junior Republican organization at Indiana University. Applicant's application to Law School reflects his father's religious affiliation was Quaker. Professors active at time applicant attended fail to recall applicant but remark that his grades indicated a good student.

Member Illinois Bar, since 1930.
Member Indiana Bar, since 1930.

Verified.
Verified.

EXPERIENCE

Denoyer-Geppert Co., Chicago, Ill., clerical, Summers 1927 and 1928. Employment record satisfactory.

Solberg, Hummeland & Winans, Chicago, Ill., law clerk, March-June 1929.

" " "

Chicago Title & Trust, Chicago, Ill., release dept., clerical and law, June 1929-Nov. 1930.

" " "

.....Mr. Alley

(action desired)

Routed.....
Searched.....
Serialized.....
Checked.....
Filed.....

67-207288-8
(file number)

MAY 6 1941
(date stamp)

(routing stamp)

EXPERIENCE (CON'T)

Lawrence E. Carlson, Huntington, Ind., ass't pros. atty. at law, Nov. 1930-May 1932.

Employment record favorable.

In business for self, Chicago and Huntington, display work and law, main portion of time spent at University of Ill. Medical School, part at a trailer manufacturing business. May 1932-March 1938

Employment record Satisfactory at Chicago. Verified at Huntington.

State Dept. Public Health, Springfield, Ill., exhibits, lecturing and administration, since March 1938.

Employment record favorable.

REFERENCES

Russell Huffman,
John S. Thomas,
William Bronstein, all Huntington, Ind.,
John Kneipple, LaSalle Station,
Dr. George Milles, both Chicago, Ill.

References characterize applicant as intelligent, nice appearing, industrious and ambitious. References recommend highly as intelligent, capable, patriotic and of good personality.

MEMBER OF ORGANIZATIONS

Gamma Eta Gamma, Y.M.C.A.

RELATIVES IN GOVERNMENT SERVICE

None

MISCELLANEOUS

Neighborhood investigation.
vorded first wife and now remarried.
Born Sept. 6, 1906, Richmond, Ind.

Favorable at Springfield and Huntington. Scant but satisfactory at Chicago. Applicant said to have di-

Verified. No un-American sympathies were disclosed in the investigation.

Languages

None

Criminal Record

None

Marital Status: Divorced and re-married.

Applicant defendant in uncontested divorce suit in Springfield, September 13, 1940. In personal interview, applicant stated he divorced his first wife on grounds of desertion; that there was no scandal connected with this divorce but that he did not contest it as they had amicably decided to part.

Selective Service Act

Applicant's order number is 1875; approximate date of induction Fall of 1941; will claim exemption - dependent wife; serial number 3122; attitude favorable.

MISCELLANEOUS (CON'T)

Personal interview with Interviewing official J. Waldman.

Advises applicant's personal appearance, approach and personality are good; he is self-confident and tactful; answers general questions quickly; has studied

Federal Procedure; has had investigative experience as an assistant prosecuting attorney in Huntington, Indiana; appears to be resourceful; possibly has executive ability; and he is likely to develop. Mr. Waldman states applicant presents a very good appearance, is obviously mature and intelligent and it is believed he presents definite possibilities for the position of Special Agent. Mr. Waldman believes applicant would develop into better than an average employee. Recommendation - Favorable. Applicant stated his father is a blacksmith.

OUTSTANDING ENDORSERS

None

Applicant's physical report dated April 15, 1941, reflects his eyes to be normal without glasses, color vision normal by Stillings method, and he is recommended for arduous physical exertion.

W. R. Glavin
W. R. Glavin *MR.*

FBI SPRINGFIELD 5-3-41 7-48 PM TAB

DIRECTOR

PAUL LESLIE COX, APPLICANT SPECIAL AGENT. APPLICANT BORN
SEPTEMBER SIX, NINETEEN NAUGHT SIX AT RICHMOND, INDIANA. EMPLOYMENT
RECORD FAVORABLE. NEIGHBORHOOD INVESTIGATION FAVORABLE. ADMITTED
TO ILLINOIS BAR ON FEBRUARY THIRTEEN, NINETEEN THIRTY BY EXAMINATION.
DEFENDANT IN UNCONTESTED DIVORCE SUIT SPRINGFIELD THIRTEEN, NINETEEN
FORTY. SELECTIVE SERVICE SERIAL NUMBER THREE ONE TWO TOW, ORDER NUMBER
ONE EIGHT SEVEN FIVE. ATTITUDE FAVORABLE. APPROXIMATE DATE OF
INDUCTION FALL OF NINETEEN FORTYONE. NO KNOWN UNAMERICAN OR
SUBVERSIVE ACTIVITIES. CREDIT RATING EXCELLENT. NO POLICE RECORD
SPRINGFIELD, ILLINOIS.

ACK PLS

END

OK FBI WASH DC CLZ

CROWLEY MAY 6 1941
RECORDED

| | |
|---------------------------------|---------------|
| 67-207248-9 | |
| Routed..... | Recorded..... |
| Searched..... | Checked..... |
| Numbered..... | Filed..... |
| MAY 6 1941 | |
| FEDERAL BUREAU OF INVESTIGATION | |

CHIEF CLERK

FEDERAL BUREAU OF INVESTIGATION

b6
b7C

Form No. 1

THIS CASE ORIGINATED AT **BUREAU**

FILE NO. **67-1017**

| | | | |
|--|---------------------------------|--|---|
| REPORT MADE AT
INDIANAPOLIS, INDIANA | DATE WHEN MADE
5-6-41 | PERIOD FOR WHICH MADE
5-2-3-41 | REPORT MADE BY
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> HLMH |
| TITLE
PAUL LESLIE COX | | | CHARACTER OF CASE
APPLICANT - SPECIAL AGENT |

SYNOPSIS OF FACTS:

PAUL LESLIE COX born September 6, 1906 at Richmond, Indiana. Attended Huntington High School, Huntington, Indiana, from January 28, 1920 through graduation May 25, 1923, ranking in upper third of class. Grades above average. No disciplinary action noted. No failures and date of birth verified. Attended Huntington College, Huntington, Indiana, from September 17, 1923 through June 1925, completing 60 hours required for admission to law school. Grades above average. No disciplinary record found. Failure in typewriting noted and date of birth not verified. Entered Indiana University, Bloomington, Indiana, September 15, 1925, graduating June 11, 1928, with LL. B. degree. Grades above average. No failures or disciplinary action noted. Date and place of birth verified. Application to Indiana University reflects applicant's father's religious affiliation as Quaker. References favorable. Employment verified. References and associates characterize applicant as intelligent, nice appearing, ambitious and industrious. Instructors active at time applicant attended school fail for the most part to recall the applicant. Applicant admitted to Indiana Bar November 3, 1930. Neighborhood investigation favorable. No credit or police record found. Applicant said to have divorced first wife and now re-married. No un-American activities or tendencies disclosed.

-- RUC --

REFERENCE:

Bureau teletype dated April 30, 1941.

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| APPROVED AND FORWARDED: <i>E. J. Wynne</i> | SPECIAL AGENT IN CHARGE | DO NOT WRITE IN THESE SPACES |
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2 Bureau
2 Indianapolis | | 67-1017-58-11 |
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DETAILS:

EDUCATION

AT HUNTINGTON, INDIANA

On the morning of May 2, 1941, Mr. BURTON H. STEPHAN, Principal of Huntington High School, was interviewed at his office in that institution regarding information possessed by him and that school concerning the applicant. Mr. STEPHAN advised that he was not teaching in the school system at the time the applicant attended but that he did recall the applicant by virtue of his activities in athletics. He stated that as he recalled COX was an outstanding basketball player. Following this he produced the records of the Huntington High School where it was noted that the applicant entered on January 28, 1920, attending regularly through graduation May 25, 1923. Mr. STEPHAN advised that the records disclosed that the applicant graduated in the upper third of his graduating class and that the grade average of the applicant appeared to be G plus or the numerical equivalent of 91. He stated that the school average was G minus or numerically speaking 85. Mr. STEPHAN advised that the grading system of this school was E, meaning excellent or numerically speaking 95 to 100; G, meaning good or numerically speaking 85 to 94; F, meaning fair or numerically speaking 75 to 84; and P plus, meaning just passing or numerically speaking 70 to 74; and P meaning poor or failing. Mr. STEPHAN stated that the applicant's grades on the grading system appeared to be far above average and that there was every indication that the applicant was an excellent student while in School. The records of the high school show no failures and verified applicant's date of birth as being September 6, 1906.

Mr. STEPHAN advised that in order to ascertain any activities of the applicant while in high school that the 1923 edition of the Huntington High School Modulus should be examined. The Modulus is the year book of that institution. This was examined by the reporting agent and it was found that the applicant was a member of the National Honorary Society, yell leader and an active participant in school dramatics.

On the morning of May 2, 1941, Miss ELLA J. MOORE, instructor of English at Huntington High School, was contacted regarding her recollection of the applicant. Miss MOORE advised that she was teaching in high school at the time the applicant attended but that if she taught him in English her recollection

of him was so vague that she could give no definite information about him. She stated that twenty years was a long time ago and that she had had so many students she was afraid she might confuse one of them with the applicant.

On the morning of May 2, 1941, Miss MYRTLE EDNA SHIPLEY, registrar of Huntington College, was interviewed at that institution concerning information contained in her records. She advised that the applicant entered Huntington College on September 17, 1923 and attended through June, 1925. She advised that his grade average appeared to be B plus and that this was one step above the school average of C plus. She stated that the grading system in this institution was graduated, A being the highest grade down through the alphabet to F, that denoting failure. She stated that there was no record of disciplinary measures having been taken against the applicant and that their records in her office did not verify the date of his birth. She stated that the records did disclose one failure on the part of the applicant and that was in typewriting. She advised that he apparently didn't have the time for practice. It was noted from the records by reporting agent that the studies of the applicant were mainly of the liberal arts field with majors in Latin and English. Miss SHIPLEY advised that the dean of men had no record concerning the applicant and there was only one professor in the institution who might possibly know the applicant. She advised that that was Professor LOEW.

On May 2, 1941, Professor FRED A. LOEW, professor of Biology at Huntington College, was contacted with reference to his recollection and possible instruction of the applicant. Professor LOEW advised that he did not teach the applicant but he did recall him. He stated that the applicant was one of the leading basketball players on the Huntington College team during his years at that school. Professor LOEW advised that the applicant had had a fine attitude toward the institution and had been very co-operative. He stated that the applicant was well liked by the students and that he had a good personality. Mr. LOEW said that the applicant's father is a blacksmith and has been living a good number of years in Huntington, Indiana. He advised that he only knew the applicant's father through a business connection and that he did not know any other members of the applicant's family.

AT BLOOMINGTON, INDIANA

The following investigation was conducted by Special Agent T. J. LYONS, JR.

Agent contacted Miss BUELAH YOUNG, registrar at Indiana University, Bloomington, Indiana, who referred to the records on applicant which revealed that applicant was born September 6, 1906, at Richmond, Indiana; that he had attended Huntington College from 1923 to 1925 accumulating the sixty hours of credits necessary for admission to law school but he had received no degree in Huntington College. Records indicated that he entered Indiana University on September 14, 1925, attending until July 11, 1928, when he graduated receiving an LL.B. degree. Records indicated grades for 1925-26 averaged C plus; grades for 1926-27 averaged B plus; and for 1927-28 B plus. Records also disclosed that applicant had been a member of Gamma Eta Gamma, a professional law fraternity, and had acted as secretary-treasurer of the Demurrer Club, an organization which is not extinct and about which no information was available. Records also indicated that applicant had been corresponding secretary of the Indiana University Junior Republican organization. The application form to the Indiana Law School revealed that applicant listed his father's religious affiliation as Quaker. The records also indicated that he had one brother, HOWARD L. COX at that time age twenty-five in 1927.

Agent contacted Professors J. J. ROBINSON and R. C. BROWN, both of whom were instructors at the time applicant attended. However, neither of these gentlemen recalled applicant personally but remarked that from his grades they would state that he must have been a better than average student.

REFERENCES

AT HUNTINGTON, INDIANA

On the afternoon of May 2, 1941, Mr. M. RUSSELL HUFFMAN, attorney-at-law, was contacted at his office in the Home Savings and Loan Association Building with reference to information he might be able to give relative to the applicant and his family. Mr. HUFFMAN advised that he had known the applicant since 1916 and that he had gone through school with him. Mr. HUFFMAN advised that he had attended Huntington High

School, Huntington College and Indiana University with the applicant. Mr. HUFFMAN advised that the applicant comes from a very respectable family; that the applicant's father's name is GEORGE LESLIE COX; that he is a blacksmith by occupation. He stated that the applicant's mother's name is ALMA MAE and that she is a very fine respectable woman. He advised that the applicant has one brother, whose name is HOWARD, and that HOWARD is about forty years of age. Mr. HUFFMAN stated that the applicant's brother works for some department or branch of the State of Illinois. He stated that the applicant's brother is an artist and is making displays with regard to health topics. He stated that the applicant's brother is now located in Springfield, Illinois.

Referring back to the applicant, Mr. HUFFMAN advised that the applicant graduated from Indiana University in 1928 and that following his graduation he went to Chicago, Illinois, where he worked for some lawyer for a short period of time. He stated that following this he was employed by the Chicago Title and Trust Company as a law clerk and that he worked there some time. He stated that following this the applicant came back to Indiana in October, 1930. He stated that the applicant had been admitted to the Illinois Bar and at that time was admitted to the Indiana Bar on motion. Mr. HUFFMAN advised that on his return to Huntington he became associated with LAWRENCE CARLSON, local attorney, and that he remained with Mr. CARLSON until the spring of 1932. He stated that in 1933 the applicant went back to Chicago and that he became associated with his brother. He stated his brother, HOWARD, was making diaramas for the Chicago World Fair and that the applicant aided in making the working parts for these diaramas. Mr. HUFFMAN stated that the applicant and his brother worked on these diaramas until the year 1934. He stated that following this the applicant's brother secured a position with the Illinois Department of Health and that the applicant stayed with his brother during this time and that he finally returned to Huntington, Indiana, in 1936 and practiced law for about a year. He stated also at the same time that he was working with his father in building trailers for automobiles. He stated that in 1937 the applicant left Huntington and returned to Illinois to work with his brother at Springfield.

Speaking of the applicant's personality Mr. HUFFMAN said that it was very engaging; that the applicant was a good conversationalist and that he had not found him offensive in any way. He stated that the applicant's personal appearance was commendable and morally the applicant is very good. Mr. HUFFMAN advised the applicant smokes

on occasions and that he will also take a drink. However, he said that he had never known him to abuse himself. He stated that applicant is the type of individual that inspires confidence; that he has plenty of aggression and that he is an even spirited fellow.

Mr. HUFFMAN stated that since the applicant's graduation from law school in 1930 he was married in 1934 to a girl named MARY whose last name he did not recall. Mr. HUFFMAN stated that he believed she was from Springfield, Illinois. He stated that the applicant secured a divorce from her sometime last summer; that there were no children from this union and the main reason for the separation he believed was religious difference. Mr. HUFFMAN advised that in the fall of the past year the applicant was married again to a girl named ARDELL SCHNEIDER. In answer to inquiry as to why the applicant has not followed the practice of law, Mr. HUFFMAN advised that he believed that the applicant had not the proper connections and that he didn't have the financial backing to take him over the lean years. He stated at the time the applicant was associated with Mr. CARLSON the depression struck and Mr. CARLSON had to let him go. Mr. HUFFMAN stated that he believed that the applicant applied for the reason that he has constantly been looking for something in the nature of permanent employment. He stated that the applicant has often talked about practicing law but that he has never known him to do this. Mr. HUFFMAN stated that he believed the applicant would be willing to travel and that he felt that the applicant had the necessary qualifications for adequately filling a position as special agent of the Federal Bureau of Investigation. Mr. HUFFMAN stated that in his acquaintance with the applicant and his family he knew nothing derogatory about any of them.

On the afternoon of May 2, 1941, Mr. WILLIAM BRONSTEIN, General Manager of the Peter Bronstein Coal Company, was interviewed at his office at 93 East State Street. Mr. BRONSTEIN advised that he had been in business at that location for the past forty years and that he has known the applicant, PAUL COX, for the past fifteen years. Mr. BRONSTEIN advised that his place of business is right next door to that of the applicant's father and that the applicant's father is a blacksmith by trade and had been located there for a great number of years. Mr. BRONSTEIN advised the applicant's father is a respectable fellow, very reliable and that he had put his two sons through college. Speaking of the applicant's mother, Mr. BRONSTEIN stated that he knew her and that she had always appeared to him to be a very good Christian woman and a good mother.

Speaking of the other members of applicant's family, Mr. BRONSTEIN advised that there was only one and that was the applicant's brother, HOWARD. He stated that he was under the impression that the applicant's brother, HOWARD, is employed by the State of Illinois and that he is a commercial artist with the State Department of Health.

Referring to the applicant and following his graduation from law school in 1930, Mr. BRONSTEIN advised that his memory was somewhat hazy but as he recalled the applicant had practiced law in Huntington with LAWRENCE CARLSON but he didn't know how long he had been in Huntington. In fact, Mr. BRONSTEIN advised that he didn't know when the applicant left Huntington and he could not say whether or not the applicant had practiced in that city during the last six years. Mr. BRONSTEIN stated that he did know that the applicant had at one time made trailers with his father but that this didn't last. Mr. BRONSTEIN advised that he was under the impression the applicant's brother had taken him under his wing and that the applicant was presently working in the employ of his brother for the State of Illinois. Mr. BRONSTEIN stated that during this time he recollected the applicant had been married twice and that his first wife had been divorced from him. Mr. BRONSTEIN advised that he knew neither of the parties that the applicant had married. In speaking of the applicant's personality Mr. BRONSTEIN stated that he thought the applicant was a quiet, type of fellow and the type of individual who lets the other fellow do the talking. He stated that the applicant had an average appearance, was an industrious individual, not overbearing and that he had always enjoyed talking to him. Mr. BRONSTEIN stated that he believed the applicant to be an honest and trustworthy fellow but that as to the applicant's fortitude he just couldn't say. Mr. BRONSTEIN stated that he had always thought a great deal of the applicant and he felt that if he ever could have used the applicant in his business he would certainly have hired him. Mr. BRONSTEIN stated that although he had known the applicant for a great number of years and that he had done business next door to the applicant's father for the past twenty years at least, he just was unable to recall the exact details of the applicant's activities during that time.

On the afternoon of May 2, 1941, JOHN S. THOMAS, insurance supervisor of the State Farm Insurance of Bloomington, Illinois, was interviewed at his office at 205 United Brethren Building. Mr. THOMAS stated that he had known the applicant for the past twenty years. In fact, he advised that he and the applicant attended Indiana University

together. He stated that the applicant had always been an excellent student and that he thought that the applicant had become a member of Gamma Eta Gamma, a legal fraternity, while attending law school there. Mr. THOMAS stated that the applicant socially had been an average individual. Mr. THOMAS stated that after graduation the applicant was placed with an abstract company in Chicago, Illinois, where he remained for a couple of years and that subsequent to that he came to Indiana in 1930 and associated with local attorney by the name of Mr. CARLSON. Mr. THOMAS said that the applicant remained with Mr. CARLSON until the depression forced the applicant from that firm. Mr. THOMAS said after this the applicant had returned to Chicago and had gone to work for his brother in building diaramas for the World Fair and other individuals. He stated that the applicant was very apt mechanically and that in connection with the diaramas he did all the mechanical working parts. Mr. THOMAS said that during 1934 the applicant and his brother had a slack season in Chicago; that applicant had returned to Huntington and stayed there for about four or five months and that he engaged in building trailers with his father during that time. He stated that upon the end of the four or five months period the applicant returned to Chicago and again associated with his brother. Since that time the applicant's brother, HOWARD, had gotten a job with the State of Illinois and that the applicant had been working with his brother ever since. Mr. THOMAS stated that the applicant was now living in Springfield, Illinois.

Speaking of the applicant's family Mr. THOMAS stated that the family was not financially wealthy but very sound and respectable. Mr. THOMAS stated that he always felt the applicant was an individual of lots of ability and that he was successful at anything he undertook. Mr. THOMAS stated that the applicant is small in stature but in view of that physical handicap he was an outstanding basketball player in the State Y.M.C.A. tournament. Mr. THOMAS stated that the applicant is an aggressive type of fellow and that he can take the hard knocks and still come up fighting. He stated that the applicant doesn't smoke or drink but that he isn't prudish. He advised the applicant had gone through a normal boyhood and that he knew nothing derogatory about the applicant and his family. Mr. THOMAS stated that the applicant was married in or about 1933 or 1934, but that this marriage did not go smoothly and that as a result a divorce followed. He advised that he understood the main difficulty was their religious differences. He advised that the applicant was a Protestant and his wife was a Catholic and could not agree upon religious matters. Mr. THOMAS stated that he had heard that since the applicant's divorce he had remarried. Speaking of physical qualifications, Mr. THOMAS stated

that he would recommend the applicant for anything as he felt him a capable individual and very honest.

EMPLOYMENT

On the afternoon of May 2, 1941, Mr. LAWRENCE E. CARLSON, attorney-at-law, was interviewed at his office in the Citizens Bank Building. Mr. CARLSON advised that he employed the applicant from 1930 to 1932 and that he paid him a regular weekly salary. Mr. CARLSON stated that he found the applicant a conscientious and industrious boy with ability. Mr. CARLSON stated that upon the applicant's leaving his employment he went to work for his brother, HOWARD, in Chicago and that as he understood it applicant's brother, HOWARD, had been subsequently transferred to Springfield, Illinois, and that the applicant had followed him. In speaking more particularly of the applicant's personality Mr. CARLSON stated that the applicant's biggest trouble was that he wasn't a party with business aggression. He stated that the applicant had friends but that he did not attract business and stated that was as nearly as he could define the lacking of business aggression. Mr. CARLSON stated that he had always thought the applicant a good conversationalist, well informed and that he had a good personality. Mr. CARLSON stated that while the applicant was working for him he took care of the correspondence of the office, collection matters and the small work in the lower courts. Mr. CARLSON stated that he found the applicant an average young attorney in court and he stated that he would certainly rehire the applicant if his business would justify it. Speaking of the applicant's family Mr. CARLSON stated that the applicant's father is a local blacksmith by the name of GEORGE LESLIE COX. Mr. CARLSON stated that the applicant's father had been in business in Huntington a good number of years; that he is a man of good repute and honest. He stated that the applicant's family consisted besides the applicant of applicant's father and mother and one brother named HOWARD. Mr. CARLSON advised that the applicant's brother, HOWARD, is about forty years of age and is by profession a commercial artist. Mr. CARLSON stated that to his knowledge the applicant's home life had been very good and that the applicant's family was very substantial with high standards and morals.

Speaking again of the applicant's personality Mr. CARLSON stated that the applicant made a very nice appearance; that he was a fellow of medium build, nice looking and pleasant. He stated that the applicant did use tobacco to his knowledge but that he had never

known him to take liquor in excess. He stated that the applicant was married at one time, subsequently divorced, and that he was under the impression that he was now remarried. Mr. CARLSON stated that he would give the applicant a wholehearted recommendation as he felt that he was a worth while individual, clean morally, physically and mentally.

ASSOCIATES

On the morning of May 3, 1941, Mr. MILO FEIGHTNER, attorney-at-law, was interviewed at his office at 53 East Market Street, concerning his association in the practice of law with the applicant. Mr. FEIGHTNER advised that the applicant practiced law in Huntington only a short time and that while the applicant was in Huntington he always seemed to be an unsettled fellow. He stated that he attributed this to the fact that he had been so young at the time and that he was probably a little impatient as it took a great deal of time to establish a law practice. Mr. FEIGHTNER said that this was the only objection that he had ever had regarding the applicant and he stated that the applicant had many good qualities in which he listed as follows: He stated that the applicant knew how to meet people well; that he had a good appearance; that he was modest, affable, and that he came from a good family. Mr. FEIGHTNER said that he believed if the applicant had stayed in Huntington, Indiana, and hung on to the practice of law that he would have been a successful individual and would have been well established in that community today.

Mr. FEIGHTNER said that he knew the applicant during his practice of law in 1932 and that he would gladly recommend him.

On the morning of May 3, 1941, Mr. LEE M. BOWERS, attorney-at-law, located at 53 East Market Street, was interviewed at his office concerning his association with the applicant during the applicant's practice of law in Huntington, Indiana, during 1930 to 1932. Mr. BOWERS advised that he had personally liked the applicant very much; that he had considered him an intelligent fellow, honest and ethical. He stated that the applicant knew how to meet people and that he was modest. He advised that he felt the applicant was perhaps a little impatient in his stay in Huntington, Indiana, but that while he was practicing law in that city he was an average attorney for a young lawyer. Mr. BOWERS stated that as he knew the applicant he felt him qualified for the position of special agent and felt that he could properly recommend him.

In connection with the applicant's practice of law in Huntington, Indiana, Mr. GUY B. HUBER, clerk of the Huntington Circuit Court, was contacted in his office in the County Building relative to the applicant's admission to the Indiana State Bar. Mr. HUBER produced civil order book #109 of the Huntington Circuit Court where it was noted on page 102 that the applicant was admitted to the Indiana State Bar on November 3, 1930.

NEIGHBORHOOD INVESTIGATION

In connection with neighborhood at 704 East Washington Street, all parties interviewed did not know the applicant but for the most part were acquainted with the applicant's parents and in each instance the applicant's parents were highly regarded. In connection with this investigation the following individuals were interviewed: Mrs. HERMAN S. PINKERTON, 709 East Washington Street; Mrs. BERTHA D. BRYANT, 721 East Washington Street; Mrs. JAMES A. SMITH, 703 East Washington Street; Mrs. DALE M. CALHOUN, 667 East Washington Street; GENEVIEVE R. SCHEIBER, 657 East Washington Street; RUTH E. CASTNER, 712 East Washington Street; Mrs. ASA R. ALLEN, 713 East Washington Street.

CREDIT RATING

On the morning of May 3, 1941, Mr. HOWARD H. SHIDELER, assistant manager of the Huntington Business Bureau, was interviewed at the office of that concern at 244 East Washington Street. Mr. SHIDELER stated that he was personally acquainted with the family and that it was a good family, respectable and well thought of in the community. In connection with the credit of this family Mr. SHIDELER stated that it had always been good and that a search of the records in his office failed to disclose the applicant's name.

CRIMINAL RECORD

On May 2, 1941, C. GUY PAYNE, Chief of Police, was interviewed at his office in the City Building relative to information possessed in the files of his department concerning the applicant. Chief of Police PAYNE stated that a search of his files failed to disclose the applicant's name. In connection with this Chief PAYNE

stated that he knew the applicant's father and that the applicant's father is a blacksmith by trade and was a very respectable individual. Chief PAYNE stated he also knew the applicant and that in his association with the applicant he always found him the proper fellow, never in any trouble and that at one time he engaged in the practice of law in Huntington. Chief PAYNE stated that this acquaintance was very casual and that was about the extent of his knowledge of the applicant.

MISCELLANEOUS

In connection with this investigation all parties interviewed were questioned as to the un-American activities and sympathies of the applicant and his family. All parties interviewed replied in the negative concerning this matter and for the most part advised that the applicant and his family were very patriotic Americans.

REFERRED UPON COMPLETION TO OFFICE OF ORIGIN

FEDERAL BUREAU OF INVESTIGATION

Form No. 1

THIS CASE ORIGINATED AT **BUREAU**

FILE NO. **67-4125**

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|---|---------------------------------|--|---|
| REPORT MADE AT
Chicago, Illinois | DATE WHEN MADE
5/7/41 | PERIOD FOR WHICH MADE
5/2,3,5/41 | REPORT MADE BY
A. P. CLARK APC/OP |
| TITLE
PAUL LESLIE COX | | | CHARACTER OF CASE
APPLICANT - SPECIAL AGENT |
| <p>SYNOPSIS OF FACTS:</p> <p style="margin-left: 40px;">Employment record satisfactory. References recommend highly as intelligent, capable, patriotic, and of good personality. Neighborhood scant but satisfactory. Springfield Office requested to check on applicant's employment University of Illinois Medical School and as conductor of venereal disease program in CCC camps since 1938.</p> <p style="text-align: center;">- RUC -</p> <p>Reference: Bureau Teletype to Chicago Field Division dated April 30, 1941.
Chicago teletype to the Bureau dated May 3, 1941.
Chicago teletype to Springfield Field Division dated May 3, 1941.

Chicago teletype to Springfield Field Division dated May 5, 1941.</p> <p>Details: Mr. SHIPKA, auditor and cashier of Denoyer Geppert Company, 5235 North Ravenswood Avenue, Chicago, Illinois, advised that the applicant was employed doing clerical work in the billing department of that concern from June 16, 1925, to September 10, 1925; from July 6, 1926, to September 1, 1926; and for a very short time after October 22, 1928. The work was temporary and seasonal in nature. After the last period of employment he left to go with the Chicago Title & Trust Company. Mr. SHIPKA had only a slight remembrance of the applicant, but MAY 1 1941</p> | | | |
| APPROVED AND FORWARDED
<i>[Signature]</i> | | SPECIAL AGENT IN CHARGE | DO NOT WRITE IN THESE SPACES
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 2 Springfield
 2 Chicago </div> | | <div style="border: 1px solid black; padding: 5px; margin-top: 10px; transform: rotate(-15deg);"> RECEIVED DIVISION </div> | |

know that his work was satisfactory.

The firm of Solberg, Hummeland, & Winans is and has been out of existence for some time, and it was not possible to confirm exactly the applicant's employment there from March to June, 1929. Mr. HUMMELAND of this concern is deceased, but the writer was successful in contacting Mr. MARSHALL SOLBERG. He had a faint recollection of the applicant's employment as a law clerk there, but has no idea where the records are as to the exact period of time he was employed. He has no reason to believe that applicant's work was other than satisfactory.

Miss JANET WEBER of the personnel department of the Chicago Title & Trust Company, stated that the applicant was employed there from July 22, 1929, to November 1, 1930. He was in the trust division doing clerical work, spending a major part of his time in the bond certification and note release departments. There was no notation on his card that his services were not satisfactory, and Miss WEBER stated that he left on his own accord to accept another position.

An attempt was made to check the applicant's employment by the University of Illinois Medical School from May 1932 to March 1938, but the Chicago office of this institution maintains no record of actual employment there. Associate Professor TOM JONES, head of the illustration studios, remembered that the applicant's brother was employed prior to and during the Chicago World's Fair in 1933 arranging exhibits and dioramas, the brother being an artist of considerable ability. Professor JONES recalled that the applicant assisted his brother considerably; but that he received his pay from the brother and not from the University. He remembered that he was a very good worker, was likable, possessed a good mind and a good personality.

The Springfield Field Division was requested to ascertain at the Urbana, Illinois, office of the University of Illinois, whether

or not they had any record on the applicant's employment.

The first reference teletype stated that the Sixth Corps Area in Chicago had the records of the applicant's employment as a conductor of venereal disease programs in CCC camps in Illinois during 1938, 1939, and 1940, for three months each year. The CCC Office for the Sixth Corps Area is located at 20 North Wacker Drive. Captain VAN NATTA advised that he could find no record on the applicant's employment in such work. He did not know of any such work being conducted by the CCC on which records would be maintained in Chicago. He suggested that the Illinois State Board of Health, Springfield, Illinois, be contacted, because it was likely that the employment was with them. He also gave the name of E. M. JASPER, district educational advisor, Illinois CC, Decatur, Illinois, as someone else who possibly would have a record on such employment.

The surgeon's office of the Sixth Corps Area, 433 West Van Buren Street, Chicago, was also contacted, but they know of no such program being conducted, and stated that they would have no record on the applicant's employment.

Educational advisor for the CCC in Chicago, Mr. McGEOGHEGAN, was contacted at 20 North Wacker Drive, but he said that he had no information whatsoever regarding applicant. According to him, he may have conducted the program locally, in which case the information could be secured from Mr. JASPER, who is previously mentioned.

The Springfield Division was requested by teletype to contact the State Board of Health at Springfield, Illinois, and Mr. E. M. JASPER at Decatur, Illinois, in an effort to obtain the applicant's employment record for his work with the CCC.

Mr. JOHN KNEIPPLE, 1333 Ridge Road, Wilmette, Illinois, and Dr. GEORGE MILLES, 201 LeMoyn Avenue, Oak Park, Illinois, given as

references by the applicant, were contacted, at which time it was learned that KNEIPPLE has known the applicant for twenty-four or twenty-five years; and that Dr. MILLES has known him since 1932. KNEIPPLE attended law school with him and considers him well above the average in intelligence, capable, entirely honest, and patriotic. He recalled that he was on the Law Journal during his senior year in law school, which seems to be quite an honor, only those students ranking highest in scholarship being elected. Dr. MILLES has been the applicant's physician and in this connection has been in quite close contact with both him and his brother. He also considers him well above the average in intelligence, neat, capable, and of a good personality. He said that applicant is in fine health, does not drink to his knowledge, and has no un-American activities or tendencies. Knowing the family as he does he is of the belief that the applicant is of substantial background. He knows of nothing the boy has ever done of a derogatory nature.

At 327 Webster Street, Chicago, Illinois, a former residence of the applicant, Mr. JOSEPH ALBRIGHT, Mrs. MILDRED HELLER, and Mrs. KIROFF were contacted with negative results. Mr. STUDY, manager of this apartment, was located a short distance away, and he recalled that about five years ago he rented an apartment to HOWARD COX, who is the applicant's brother. It seems that the applicant himself stayed with HOWARD on several occasions, but did not actually rent from Mr. STUDY. He does not know the applicant very well, but does recall that he conducted himself properly while residing at that address.

At 2047 Lane Court, Chicago, another former residence of the applicant, Mrs. ROTH, manager of apartment building; Miss CLARA KEETON, desk clerk; and Mr. WEBER, janitor, do not recall his stay there. None of these has been there in excess of three years, the apartment hotel having changed hands about 1938. No records are presently available which would indicate whether or not the applicant ever rented an apartment there.

The files of the Bureau of Criminal Information and Statistics, Chicago Police Department, and Hill's Reports, Inc., 209 West Jackson Boulevard, Chicago, were checked with negative results as to a criminal and credit record on applicant in Chicago.

A summary of the above information was furnished the Bureau by teletype dated May 3, 1941

REFERRED UPON COMPLETION TO THE OFFICE OF ORIGIN

UNDEVELOPED LEADS

SPRINGFIELD FIELD DIVISION

AT SPRINGFIELD, ILLINOIS

If not already done, will contact the Illinois State Board of Health, Springfield, Illinois, to determine if they have any record of the applicant's employment as a conductor of venereal disease programs in CCC camps during 1938, 1939, and 1940, for three months each year.

AT DECATUR, ILLINOIS

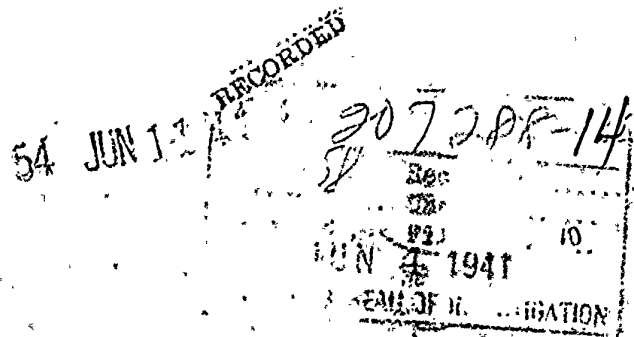
Will, if nothing is found at the Illinois State Board of Health, contact Mr. E. M. JASPER, district educational advisor, Illinois CC District, Decatur, Illinois, for record he may have as to the applicant's employment in the position explained in the lead above.

AT URBANA, ILLINOIS

Will, if not already done, contact the Urbana Office of the University of Illinois, for any record available as to the applicant's employment at Chicago during the period May 1932 to March 1938, keeping in mind that if any record is had it would probably be in connection with law or exhibit and display work.

REFERRED UPON COMPLETION TO THE OFFICE OF ORIGIN

0
Oral L. Conf.



CHF. GUN



FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

.....
OFFICIAL BUSINESS

Penalty For Private Use To Avoid
Payment Of Postage, \$300

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS OF THE
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

QUANTICO VIRGINIA

Place

MAY 15 1941

HISTORY

Name COX, PAUL LESLIE Age 34 years, 8 months
Nativity (state) INDIANA Married, Single, Widowed: MARRIED Children NONE

Diseases, operations, or injuries previous to age of 15 (Give date and full description of each and examine carefully for evidence of sequelae.)

MEASLES, MUMPS, CHICKEN POX ABOUT 1918-1920

Diseases, operations, or injuries subsequent to age 15 (Give date and full description of each and examine carefully for evidence of sequelae.)

NONE

Father (Living? YES State of Health GOOD
(Dead? _____ Cause & age at death? _____)

Mother (Living? YES State of Health FAIR
(Dead? _____ Cause & age at death? _____)

Brothers (Number living 1 State of Health GOOD
(Number dead NONE Cause & age at death? _____)

Sisters (Number living NONE State of Health _____
(Number dead NONE Cause & age at death? _____)

Has any member of family suffered from neurasthenia or insanity or been confined in any institution for the insane? Give relationship and full history of case.

NONE

Has any blood relative been an inmate of a penal institution or poorhouse? Give relationship and state reasons.

NONE

Habits: Tobacco? YES Alcoholics? NO Drugs? NO

Paul R. Cox

Signature of Candidate.

PHYSICAL EXAMINATION

Eyes: Color? Brown Exophthalmos? no

Chronic inflammation? no Other abnormality? none

Eyelids: Ptosis? no Condition of conjunctiva on eversion? no

Other eye conditions? none

Vision: (Note: Each eye must be tested separately.)

Does candidate wear glasses? no For what purpose? _____

Distant: Uncorrected vision of right eye? 20/20 Left eye? 20/20

Corrected vision of right eye? _____ Left eye? _____

Near: Uncorrected vision of right eye? 20/20 Left eye? 20/20

Corrected vision of right eye? _____ Left eye? _____

Remarks: _____

Color sense: normal (1929)

(Standard color plate test required)

Ears: Abnormalities? none Evidence of mastoid or other disease? none

Condition of drums? Right no Left no

Hearing: (Note: When testing hearing, the eyes and the opposite ear must be closed.)

Distance conversational speech can be heard:

Right ear 20/20 feet. Left ear 20/20 feet.

Distance whispered speech (Using residual air) can be heard:

Right ear 20/20 feet. Left ear 20/20 feet.

(Note: Use tuning fork tests, Rinne, Weber & Schwabach, if indicated.)

Right ear 20/20 Left ear 20/20

Nose: Deflection of septum no Polypi? no

Chronic nasal disease? none Is candidate a mouth breather? no

Palate: Cleft or perforated? no Other conditions? none

Fauces: Condition of tonsils? not infected Pharynx? no

Speldman

Signature of Examining Specialist.

Height? 5 feet, 8 3/4 inches.

Weight, stripped? 141 Pounds.

| | | |
|---------------------|--------------------|----------------------------|
| General appearance: | (Robust? _____) | (White? <u>✓</u> _____) |
| | (Puny? _____) | (Colored? _____) |
| | (Plethoric? _____) | (Blonde? _____) |
| | (Anaemic? _____) | (Brunette? <u>✓</u> _____) |
| | (Corpulent? _____) | (Florid? _____) |
| | (Emaciated? _____) | (Sallow? _____) |
| | Complexion: | (_____) |

Skin: Diseases? no

Hair: Color: black Thickness medium

Glands: Enlargement: no Other abnormalities no

Head, Depressions? no Asymmetries? no

Facial disfigurement? no Facial asymmetry? no

Abnormalities of speech? no

Neck: Goitre? no Other conditions? no

Chest: Inspiration 35 inches. Expiration 32 1/2 inches. Respiratory rate? 18

Inspection: ✓

Lungs: Palpation: ✓

Percussion: ✓

Auscultation: ✓

X-ray examination: ✓

Heart: Palpation: ✓

Percussion: ✓

Auscultation: ✓

Exercise Test: Step upon chair 25 times in 30 seconds. Pulse rate should return to normal after two minutes.

Pulse rate: Sitting 92 After exercise 88

Condition of heart after exercise: no

Blood pressure, Systolic? 114 Distolic? 80 Pulse pressure 34

Abdomen:

Circumference at umbilicus? 29 Tenderness? no
Other abnormalities? no
Liver, percussion? ✓ Palpation? ✓
Spleen, percussion? ✓ Palpation? ✓
Inguinal rings? ✓ Hernia? no

Scrotum:

Varicocele? no Hydrocele? no Sarcocoele no

Testicles:

Induration? no Atrophy? no
Other conditions? no

Penis:

Epispadias? no Hypospadias? no
Condition of prepuce? no Venereal diseases? no

Anus:

Hemorrhoids? no Fistulae? no
Prolapse of bowel? no Other conditions no

Spine:

Tenderness? no Curvature? no

Reflexes:

Pupillary: ✓ Cremasteric: ✓
Patellar: ✓ Babinski: ✓ Ankleclonus: ✓

Upper Extremity:

Missing fingers? no Contractures of hand? no
Condition of joints? no Other conditions? no

Lower Extremity:

Flat foot? no Bowed legs? no
Knock-knees? no Varicose Veins? no

Hammer toes? no Bunions? no

Other abnormalities? no

Agility:

Co-ordination of muscular movements? no Romberg? no

Defects of gait? no

Mental Condition? no

(Note: If indicated refer to specialist)

Temperature? 98.2

Has this person been successfully vaccinated within 5 years? yes

Has this person had prophylactic typhoid inoculation? yes Date last taken July 1938

Urine: Color? Amber Sp. Gr.? 1.018 Albumin? neg Sugar? neg

Reaction? Acid Shreds? 0 Blood cells? Occas W.B.C.

Pus cells? 0 Casts? 0 Epithelial cells? Occas.

Blood: Red corpuscles per C.mm 5,510,000 White corpuscles per C.mm 5950

Differential count Neutro 61 Lymph 37 Mono 1

Eosin 1 Blood type "A"

Blood serologic tests (syphilis) Rahn: neg Haemoglobin per cent: 98

Has candidate any of the following defects, viz: Cachexia, or apparent predisposition to any constitutional diseases, permanent defects of either of the extremities or articulations, including defects of gait, flat foot, badly bowed legs, knock-knees, unnatural curvature of the spine, impaired vision, color-blindness, chronic diseases of the visual organs, epilepsy, insanity, chronic diseases of the ears, deafness, chronic nasal disease, polypi, chronic ulcers or cicatrices of old ulcers likely to break out afresh, chronic cardiac pulmonary or renal affections, insufficient chest expansion, hernia, sarcocoele, hydrocele, varicocele (unless slight), fistula in ano, hemorrhoids, varicose veins on lower limbs (unless slight) stature less than 5 feet 4 inches, or more than 6 feet 2 inches, or any marked abnormality of speech or facial disfigurement?

Report of any special examination:

DENTAL EXAMINATION OF _____

GENERAL ORAL CONDITION

MUCOUS MEMBRANE

| | |
|--------------------------|-----------|
| ☐ | Normal |
| ☐ | Inflamed |
| ☐ | Swollen |
| ☐ | Ulcerated |
| ☐ | Septic |

SALIVA

| | |
|--------------------------|---------------|
| ☐ | Normal |
| ☐ | Excessive |
| ☐ | Acidity |
| ☐ | Thick or ropy |
| ☐ | Odor |

OCCUSION

| | |
|-------------------------------------|-----------|
| ☐ | Normal |
| ☐ | Class I |
| ☒ | Class II |
| ☐ | Class III |

TONGUE

| | |
|--------------------------|-----------|
| ☐ | Coating |
| ☐ | Cryptic |
| ☐ | Ulcerated |
| ☐ | Enlarged |

Glands _____

Sinus _____

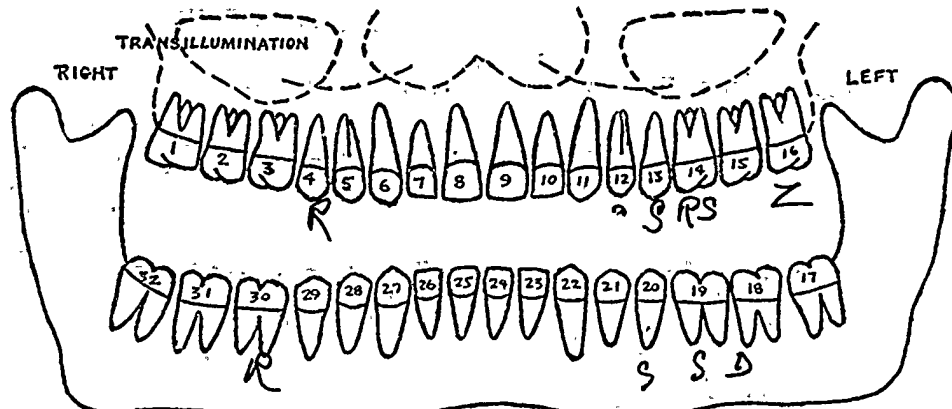
Throat _____

ARCH

| | |
|-------------------------------------|----------|
| ☐ | Square |
| ☒ | Tapering |
| ☐ | Ovoid |

DENTAL DIAGNOSIS

- A. Labial
- B. Lingual
- C. Incisal
- D. Occlusal
- E. Buccal
- G. Mesial
- H. Distal
- K. Mesio-labial
- L. Disto-labial
- M. Mesio-lingual
- N. Disto-lingual
- O. Mesio-incisal
- P. Disto-incisal
- R. Mesio-occlusal
- S. Disto-occlusal
- T. Bucco-occlusal
- U. Lingual-occlusal
- V. Mesio-disto-occlusal
- W. Bucco-lingual-occlusal



☒ Roots
 ☐ Abscess
 ☐ Impacted
 ☐ Crown
 ☐ Devitalized
 ☐ Dummy bridge
 ☐ On denture
 ☐ Missing
 ☒ Extraction indicated

X-ray No. _____ X-ray reading _____

Gingival disease (indicate nature and extent) _____

Conditions of appliances replacing teeth _____

Remarks: _____

In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.

Date 15 May 44 (Signature) [Signature] Dental Surgeon

DIRECTOR

I, ... PAUL LESLIE COX do solemnly swear that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office of Special Agent in the Federal Bureau of Investigation, United States Department of Justice, on which I am about to enter: So help me God.

(Sign here) Paul L. Cox

Subscribed and sworn to before me this
... 12th day of ... MAY ... 1941.

Eugene Coleman
Notary Public

DATE OF ENTRY ON DUTY MAY 12, 1941
DATE OF BIRTH SEPTEMBER 6, 1906
PLACE OF BIRTH* RICHMOND, INDIANA

* If foreign born, date of naturalization
LEGAL VOTING RESIDENCE SPRINGFIELD, ILLINOIS

DO YOU RECEIVE AN ANNUITY UNDER THE CIVIL SERVICE RETIREMENT ACT?

..... No
(Yes or no)

54 MAY 20 1941

67

NOT RECORDED

filed
5-19-41
wmg
civ

FEDERAL BUREAU OF INVESTIGATION

LD

Mr.
Miss
Mrs.

Mr. Paul L. Cox

Date May 6, 1941

New appointment

☒

Transfer

☐

Promotion

☐

Separation

☐

PRESENT STATUS

1. Title:

2. Grade:

3. Salary:

4. Seat of Government:

Field:

☐
☐

5. Division:

6. Appropriation:

PROPOSED ACTION

7. Title: Special Agent

8. Grade: CAF 9

9. Salary: \$3200 per annum and \$5.00 per diem

10. Seat of Government:

Field:

☐
☐

11. Division:

12. Appropriation:

"Salaries and Expenses, FBI"
(National Defense)

13. Effective: With entry on duty.

14. Position: Additional ☒ Fisher-transferred
Vice:
Identical:

15. Remarks: Recommended for appointment as a Special Agent in Grade CAF 9, with salary at the rate of \$3200 per annum and \$5.00 per diem in lieu of subsistence and expenses of travel and operation when absent from official headquarters.

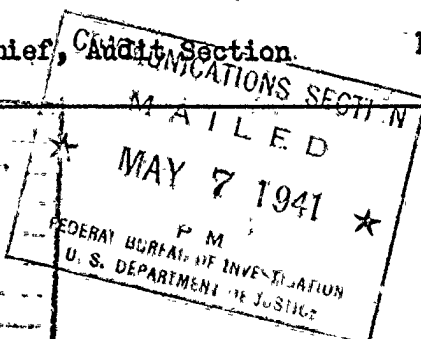
Respectfully submitted,

cc: Chief, Communications Section

Director, Federal Bureau of Investigation

(Title)

| | |
|----------------|--|
| Mr. Tolson | |
| Mr. E. A. Tamm | |
| Mr. Clegg | |
| Mr. Glavin | |
| Mr. Ladd | |
| Mr. Nichols | |
| Mr. Rosen | |
| Mr. Tracy | |
| Mr. Carson | |
| Mr. Egan | |
| Mr. Gurnea | |
| Mr. Harbo | |
| Mr. Hendon | |
| Mr. Jones | |
| Mr. Quinn | |
| Mr. Nease | |
| Miss Gandy | |



[Handwritten signature]

FEDERAL BUREAU OF INVESTIGATION

Form No. 1

THIS CASE ORIGINATED AT **Bureau**

FILE NO. **67-895**

| | | | |
|---|----------------------------------|--|--|
| REPORT MADE AT
Springfield, Illinois | DATE WHEN MADE
6-17-41 | PERIOD FOR WHICH MADE
5-3,5-41 | REPORT MADE BY
E. F. COYLE EFC:TAB |
| TITLE
<p style="text-align: center;">PAUL LESLIE COX</p> | | | CHARACTER OF CASE
<p style="text-align: center;">APPLICANT - SPECIAL AGENT</p> |
| <p>SYNOPSIS OF FACTS: Applicant born September 6, 1906 at Richmond, Indiana. Employment record favorable. Neighborhood investigation favorable. Admitted to Illinois Bar on February 13, 1930 by examination. <u>Defendant in uncontested divorce suit on 9-13-40. Serial #3122, order #1875.</u> Attitude toward draft favorable. Approximate date of induction fall of 1941. No known unAmerican or subversive tendencies. No record of employment at University of Illinois, Urbana, Illinois. Official states University's business manager at Chicago, Illinois may have some information on matter. Credit rating excellent. No criminal record Springfield.</p> <p style="text-align: center;">- RUC -</p> <p>REFERENCES: Teletype from the Bureau dated April 30, 1941, Teletype from the Chicago Office to Springfield dated 5-3-41, Chicago teletype to Springfield dated May 5, 1941, Report of Special Agent A. P. CLARK, Chicago, dated 5-7-41.</p> <p>DETAILS: Mr. E. M. JASPER, Educational Supervisor, Illinois C.C.C. District Headquarters, Decatur, Illinois, stated that applicant is a very dependable, efficient, capable employee; that he could trust him in any position and leave all responsibility entailed in such position in his hands without any fear of difficulties arising. He stated applicant had worked long, hard hours in order to accomplish any tasks that he was called upon to perform. He stated applicant was a fine young man with an excellent character and personal appearance. Mr. JASPER further advised that he considered applicant to be a loyal American citizen and a personable, ambitious young man.</p> | | | |
| APPROVED AND FORWARDED: <i>A.H. Crowl</i>
<div style="text-align: right;"><i>WRS</i></div> | | SPECIAL AGENT IN CHARGE
<div style="text-align: center;">DO NOT WRITE IN THESE SPACES</div> <div style="text-align: center; font-size: 1.5em;">17-1-72-1-17</div> <div style="text-align: center; font-size: 1.5em;">JUN 19 1941</div> | |
| COPIES OF THIS REPORT
2 Bureau
2 Chicago
2 Springfield | | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> | |

Mr. JASPER stated applicant's employment statistics could be secured at the State Department of Public Health, Springfield, Illinois.

EMPLOYMENT

Mr. BAZER K. RICHARDSON, Administrative Officer, State Department of Public Health, State House, Springfield, Illinois, stated applicant was highly reliable and could handle any responsibility, possessed clean habits, does not drink, is aggressive, American born and a good citizen. He stated that he had never had any trouble with applicant's work and that he considered him to be a good, efficient worker. Mr. RICHARDSON stated that applicant began work April 1, 1938 as an exhibit builder, these consisting of mechanical and steel models used in health exhibits. He stated that applicant lectured and demonstrated health exhibits to the public for two successive years. Among these were exhibitions and lectures on venereal diseases throughout C.C.C. camps in the State of Illinois; he also promoted the idea of having all boy members of C.C.C. camps undergo a blood test, which met with about 80 per cent cooperation from the boys in camp. At the present time applicant is in charge of the State Department of Public Health Office at Springfield, Illinois as Mr. RICHARDSON's assistant. He has been highly efficient in this work, well liked by his fellow employees and considered a good mixer with the public. He advised that applicant married hastily in 1933 and realizing his mistake, terminated the marriage by mutual consent in 1940. Mr. RICHARDSON stated in his present position applicant will be required to return to his position as Assistant Supervisor of Exhibits but that he is using all methods under his control in an effort to retain applicant in his office.

Mrs. CLARA THOMASSON, Senior Stenographer, Miss JENNIE JOHNSON, Principia Clerk, Mrs. RUBY KINEAR, Clerk, Mrs. ANN LUNDBORG, Clerk, all of the State Department of Public Health, Springfield, Illinois state applicant possesses a fine personality, excellent appearance, and is a perfect gentleman at all times.

NEIGHBORHOOD

DAVID SANDERS, Clerk, Y.M.C.A. Building, Springfield, Illinois, stated that applicant resided at the Y. M. C. A. from September 23, 1940 to October 13, 1940 and again from January 13, 1941 to March 17, 1941; that while he was a member of the Y.M.C.A. he was a perfect gentleman at all times, quiet, and very sociable with the other members of the organization. Mr. SANDERS advised that he was very prompt in his payments and created no trouble whatsoever.

Miss ERMA LANDS, Stenographer, Y.M.C.A. Springfield, Illinois stated she knew applicant quite well while he resided there; that he was well liked, having developed quite a few intimate friends during his residence at that location. She stated that he was a real American and there was nothing subversive in his makeup.

Mr. GEORGE MORGAN, 531 Wood Avenue, stated that he knew applicant to be a highly personable young man who just came and went, never staying more than two weeks at a time while he lived at 533 Wood Avenue, Springfield with the family of his wife, MARY PATKISS. He did not think any of the neighbors knew much about applicant.

Mrs. JAMES BENNETT, 530 Wood Avenue, Springfield, stated applicant was a nice young man, very personable, fine personality and seemed to be the subject of an unfortunate marriage; that his former wife, MARY PATKISS, was far beneath him both in intelligence and in background and character; that applicant's family was very much against the marriage from the beginning and that they tried hard and were finally successful in having applicant divorce MARY PATKISS and marry a girl of their choosing. She believed there was no difficulty arising from the divorce but that the marriage was dissolved by mutual agreement.

Mrs. DONALD FLETCHER, 539 Wood Avenue, Springfield, Illinois, stated she knew applicant only from seeing him now and then but that he seemed to be a nice young man having a pleasing personality and an excellent disposition.

Mr. ERNEST SMITH, Chief Clerk, Supreme Court, Sangamon County, Springfield, Illinois, advised after reviewing his records that applicant married MARY PATKISS on December 2, 1933 at Chicago, Illinois; that they lived together until May 15, 1939, residing at 533 Wood Avenue, Springfield, Illinois. On this date applicant deserted his wife according to the official records. MARY PATKISS COX sued for divorce and was granted a divorce on September 13, 1940 in the Sangamon County Supreme Court.

Mr. FRANK J. KALISZEWSKI, Cashier Clerk of the Supreme Court Office, Supreme Court Building, Springfield, Illinois, from a review of his records stated applicant was admitted to the Illinois Bar on February 13, 1930 by examination.

The Chicago Office, by teletype dated May 3, 1941 requested that information be obtained from the Urbana Office of the University of Illinois regarding the employment of applicant by the University of Illinois Medical School at Chicago, Illinois May, 1932 to March, 1938.

Mr. HENRY THORNS, Assistant Bursar, University of Illinois, Urbana, Illinois, advised that there was no indication in his records that applicant had ever been employed in any capacity by the University of Illinois. Mr. THORNS explained that all employment records and copies of reports to the State Auditor's Office regarding employment are kept in his department and that these records are invariably accurate.

Mr. THORNS stated that it was possible that applicant had been employed by the State of Illinois Research Hospital at Chicago, Illinois, which has recently been placed under control of the University of Illinois. Mr. THORNS suggested that for information in this regard as interview be had with Mr. J. E. MILLIZEN, business agent for the University Departments, 1858 West Polk, Chicago, Illinois.

Mr. JOHN MURPHY, Chief Clerk of local board #2, Mine Workers Building, Springfield, Illinois, from his records stated that applicant's order number was 1875 and his serial number was 3122. He stated that applicant would probably be inducted in the fall of 1941. These records also reflected that applicant was born on September 6, 1906 at Richmond, Indiana. Mr. MURPHY stated that from his knowledge of applicant he would say that applicant had a favorable attitude toward military service in general.

Miss KAY ROCKFORD, Clerk, Springfield Credit Bureau, Myers Brothers Building, Springfield, Illinois, stated records reflected that applicant possesses an excellent credit rating.

Chief of Detectives JESSBURG, Springfield, Illinois Police Department, after a review of his files stated applicant possessed no police record with his department.

REFERRED UPON COMPLETION TO THE

OFFICE OF ORIGIN

UNDEVELOPED LEADS

THE CHICAGO FIELD DIVISION

At Chicago, Illinois, will contact Mr. J. E. MILLITZEN, business agent for the University Departments, 1858 West Polk Street, Chicago, Illinois, for any record available of employment of applicant by the University of Illinois at Chicago, Illinois.

REFERRED UPON COMPLETION TO THE
OFFICE OF ORIGIN

FEDERAL BUREAU OF INVESTIGATION

Form No. 1

THIS CASE ORIGINATED AT **BUREAU**

CHICAGO FILE NO. **67-4125**

| | | | |
|--|----------------------------------|---|---|
| REPORT MADE AT
CHICAGO, ILLINOIS | DATE WHEN MADE
6/30/41 | PERIOD FOR WHICH MADE
6/27/41 | REPORT MADE BY
E. J. FELTZ EJF:CH |
| TITLE
PAUL LESLIE COX | | | CHARACTER OF CASE
APPLICANT - SPECIAL AGENT |

SYNOPSIS OF FACTS:

J. E. MILLIZEN, Business Agent for the University Departments, University of Illinois at Chicago was contacted and advised that applicant had never at any time, according to his records, been on the payroll at the University of Illinois.

- RUC -

REFERENCE:

Report of Special Agent **E. F. COYLE** at Springfield, Illinois dated June 17, 1941.

DETAILS:

The writer contacted **MR. J. E. MILLIZEN**, Business Agent for the University Departments, University of Illinois at Chicago, Illinois.

MR. MILLIZEN advised the writer that **PAUL LESLIE COX** had at no time been employed by the University of Illinois at Chicago. He stated that his records showed no employment of **PAUL LESLIE COX** at any time in any capacity for the University of Chicago.

MR. MILLIZEN advised the writer that he had checked again with Professor **TOL JONES**, Head of the Illustration Studio, University of Illinois at Chicago and was again advised by **JONES** that applicant's brother had been employed as an artist during the World's Fair but that applicant was at no time employed.

61 JUL 1 1941

- REFERRED UPON COMPLETION TO OFFICE OF ORIGIN -

| | | |
|--|-------------------------|------------------------------|
| APPROVED AND FORWARDED: <i>M. S. Devereaux</i> | SPECIAL AGENT IN CHARGE | DO NOT WRITE IN THESE SPACES |
| COPIES OF THIS REPORT

② - Bureau
2 - Chicago | | 67-4125-18 |
| | | <i>7-2-41</i>
<i>2006</i> |

Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

July 8, 1941

Meb
67-207288

SUPPLEMENTAL BRIEF OF INVESTIGATION

(Summary of teletype brief submitted May 6, 1941)

RE: PAUL LESLIE COX
Special Agent Applicant

Written Rating: 52%
Oral " 73%
Composite " 62½%

Age: 34
Divorced
Remarried

2 yrs.-Huntington College
LL.B.-Indiana University
Member Illinois and Indiana Bars

The written reports of the investigation substantiate the information contained in the teletype brief dated May 6, 1941, with the exception of the following:

EXPERIENCE

Denoyer-Geppert Co., Chicago, Ill.,
clerical, Summers 1927 and 1928 (as
on appl.)

Applicant was employed from June to September
1925; from July to September 1926; and for a
very short time after October 22, 1928.

Lawrence E. Carlson, Huntington,
Ind., ass't pros. atty. at law,
Nov. 1930-May 1932.

Mr. Carlson spoke highly of applicant; however,
he advised that applicant did not attract busi-
ness and stated that was as nearly as he could
define the lacking of business aggression.

In business for self, Chicago and
Huntington, display work and law,
main portion of time spent at
University of Ill. Medical School,
part at a trailer manufacturing
business, May 1932-March 1938

Employment verified at Huntington and satisfactory
at Chicago. Associate Professor Jones, head of
the illustration studios, remembered that appli-
cant's brother was employed prior to and during
the Chicago World's Fair in 1933 arranging ex-
hibits and dioramas, the brother being an artist
of considerable ability. Professor Jones re-

called that applicant assisted his brother considerably; but that he received his pay from
the brother and not from the University. He remembered that he was a very good worker,
was likable, possessed a good mind and a good personality.

OUTSTANDING ENDORSERS

None.

Applicant entered on duty as a Special Agent on May 12, 1941.

W. R. Glavin
W. R. Glavin

b6
b7C

JUL 20 1941

.....Mr. Alley

(action desired)

Routed.....
Searched.....
Serialized.....
Checked.....
Filed.....

(file number)

JUL 9 1941
(date stamp)

(routing stamp)

OK
CC-270

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

NAME Paul Leslie Cox AGE 37 YEARS, 6 MONTHS
NATIVITY (state of birth) Indiana MARRIED, SINGLE, WIDOWED: married NUMBER OF CHILDREN 1
FAMILY HISTORY none

HISTORY OF ILLNESS OR INJURY none - usual child diseases

HEAD AND FACE n

EYES: PUPILS (size, shape, reaction to light and distance, etc.) normal L/A

DISTANT VISION RT. 20/15, corrected to 20/

LT. 20/15, corrected to 20/

COLOR PERCEPTION normal 20th

(state edition of Stilling's plates or lamps used)

DISEASE OR ANATOMICAL DEFECTS n

EARS: HEARING RT. WHISPERED VOICE /15' CONVERSATIONAL SPEECH /15'

LT. WHISPERED VOICE /15' CONVERSATIONAL SPEECH /15'

DISEASE OR DEFECTS none

NOSE n

(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES n

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS n

TEETH AND GUMS (disease or anatomical defect): normal

MISSING TEETH 16

NONVITAL TEETH none

PERIAPICAL DISEASE no

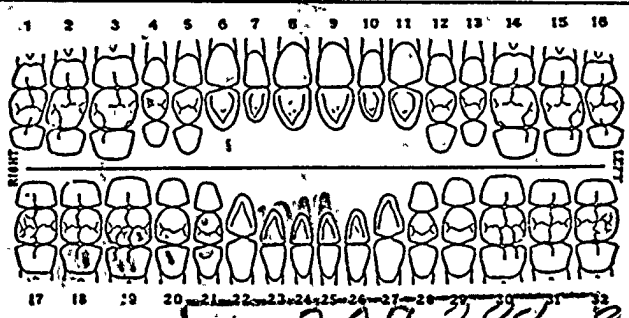
MARKED MALOCCLUSION no

PYORRHEA ALVEOLARIS none

TEETH REPLACED BY BRIDGES none

DENTURES none

REMARKS



RECORDED 67207288-38

(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE medium

TEMPERATURE 98.6 CHEST AT EXPIRATION 34

HEIGHT 68 1/2 CHEST AT INSPIRATION 36 1/2

WEIGHT 149 CIRCUMFERENCE OF ABDOMEN AT UMBILICUS 30

RECENT GAIN OR LOSS, AMOUNT AND CAUSE n

SKIN, HAIR, AND GLANDS n

NECK (abnormalities, thyroid gland, trachea, larynx) n

SPINE AND EXTREMITIES (bones, joints, muscles, feet) n

THORAX (size, shape, movement, rib cage, mediastinum) n
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. n

CARDIO-VASCULAR SYSTEM n
HEART (note all signs of cardiac involvement) n

PULSE: BEFORE EXERCISE 60 BLOOD PRESSURE: SYSTOLIC 120
AFTER EXERCISE 72 DIASTOLIC 82
THREE MINUTES AFTER 64
CONDITION OF ARTERIES good CHARACTER OF PULSE reg
CONDITION OF VEINS _____ HEMORRHOIDS _____

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) n

GENITO-URINARY SYSTEM n
URINALYSIS: SP. GR. 1.010 ALB. neg SUGAR neg MICROSCOPICAL neg
VENEREAL DISEASE n

NERVOUS SYSTEM n
(organic or functional disorders)
ROMBERG n INCOORDINATION (gait, speech) n
REFLEXES, SUPERFICIAL n DEEP (knee, ankle, elbow) n TREMORS n
SEROLOGICAL TESTS neg BLOOD TYPE _____
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) n

SMALLPOX VACCINATION: DATE OF LAST VACCINATION 1939
TYPHOID PROPHYLAXIS: NUMBER OF COURSES 1
DATE OF LAST COURSE 1939
REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE _____

SUMMARY OF DEFECTS none

CAPABLE OF PERFORMING DUTIES INVOLVING any PHYSICAL EXERTION
IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS yes (yes or no)
(when no is given state cause) _____

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary) _____
phys. qual.

H. E. Little

DATE OF EXAMINATION 3-24-44

ANNUAL

Form approved
Budget Bureau No. 50-R012.
Approval expires Mar. 30, 1945.

REPORT OF EFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL ()
OFFICIAL:
REGULAR (X) SPECIAL ()
PROBATIONAL or TRIAL PERIOD ()

As of March 31, 1944 based on performance during period from March 31, 1943 to March 31, 1944

PAUL L. COX, Special Agent

CAF 11 \$3800.00

(Name of employee)

(Title of position, service, and grade)

Federal Bureau of Investigation, U. S. Department of Justice, Detroit, Michigan

(Organization—Indicate bureau, division, section, unit, field station)

| | | |
|---|--|--|
| ON LINES BELOW
MARK EMPLOYEE

✓ if adequate
— if weak
+ if outstanding | 1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A.
2. Underline the elements which are especially important in the position.
3. Rate only on elements pertinent to the position.
a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions.
b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> . | CHECK ONE:

Administrative, supervisory, or planning..... ☐
All others..... ☒ |
|---|--|--|

- (1) Maintenance of equipment, tools, instruments.
----- (2) Mechanical skill.
+ (3) Skill in the application of techniques and procedures.
----- (4) Presentability of work (appropriateness of arrangement and appearance of work).
+ (5) Attention to broad phases of assignments.
+ (6) Attention to pertinent detail.
----- (7) Accuracy of operations.
+ (8) Accuracy of final results.
+ (9) Accuracy of judgments or decisions.
+ (10) Effectiveness in presenting ideas or facts.
+ (11) Industry.
+ (12) Rate of progress on or completion of assignments.
+ (13) Amount of acceptable work produced. (Is mark based on production records? -----) (Yes or no)
+ (14) Ability to organize his work.
+ (15) Effectiveness in meeting and dealing with others.
+ (16) Cooperativeness.
+ (17) Initiative.
+ (18) Resourcefulness.
+ (19) Dependability.
+ (20) Physical fitness for the work.

- (21) Effectiveness in planning broad programs.
----- (22) Effectiveness in adapting the work program to broader or related programs.
----- (23) Effectiveness in devising procedures.
----- (24) Effectiveness in laying out work and establishing standards of performance for subordinates.
----- (25) Effectiveness in directing, reviewing, and checking the work of subordinates.
----- (26) Effectiveness in instructing, training, and developing subordinates in the work.
----- (27) Effectiveness in promoting high working morale.
----- (28) Effectiveness in determining space, personnel, and equipment needs.
----- (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
----- (30) Ability to make decisions.
----- (31) Effectiveness in delegating clearly defined authority to act.

STATE ANY OTHER ELEMENTS CONSIDERED

- + (A) Ability to direct and lead raids and dangerous assignments.
----- (B) -----
----- (C) -----

STANDARD

Deviations must be explained on reverse side of this form

- Plus marks on all underlined elements, and no minus marks.....
Plus marks on at least half of the underlined elements, and no minus marks.....
Check marks on better on a majority of underlined elements, and any minus marks overcompensated by plus marks.....
Check marks on better on a majority of underlined elements, and minus marks not overcompensated by plus marks.....
Minus marks on at least half of the underlined elements.....

Adjective rating
Excellent
Very good
Good
Fair
Unsatisfactory

Adjective rating

EXCELLENT

P.L.C.

Rated by [Signature]
(Signature of rating official)

R. A. Guerin, SAC

Assistant Director

March 31, 1944
(Date)

Reviewed by [Signature]
(Signature of reviewing official)

Federal Bureau of Investigation
(Title)

5-6-44 mlt
(Date)

Rating approved by efficiency rating committee
(Date)

Report to employee
(Adjective rating)

Re: PAUL L. COX
Special Agent
Annual Efficiency Rating

EOD 5-12-41

This agent has an attractive, engaging personality. He is intelligent and exhibits considerable initiative and aggressiveness in the institution and handling of investigative assignments. His investigations reflect considerable resourcefulness.

Agent's dictation rates from very good to excellent with a preponderance of very good. He has been criticized on occasion for failure to enunciate clearly. This agent is mature in action and in thought and encourages confidence. His outside business experience prior to his work with the Bureau, where he did considerable public speaking and organized and directed certain programs, stands him in very good stead in his present contact work as a resident agent at Saginaw, Michigan. This agent operates an automobile very well, testifies in good manner, can handle, direct and organize any type of dangerous assignment, and would function very well on a physical surveillance because of his rather small physical make-up. He rough drafts in a satisfactory manner and writes a quantity of work above the average which requires less than average supervision.

He is interested in Bureau work and has the ability to initiate and follow through all investigations including cases not assigned to him from the headquarters city. He is a very good contact man for law enforcement officials and particularly fine for businessmen. He is above average in firearms ability. Perhaps his outstanding quality is a cool level-headedness which is tied in with his ability to make his own decisions as required. This agent is a Bureau approved speaker and as such functions very well.

Agent Cox has worked on all types of investigations with the exception of complicated accounting cases, and specifically has had experience in sabotage, espionage, internal security and criminal investigations.

It is believed that this agent possesses some supervisory and administrative ability and presents a good possibility for further development. It is to be noted that no confidential general investigative or confidential national defense informants have been developed by him in the district where he is assigned as resident agent.

P.L.C.

Agent's Initials

FEDERAL BUREAU OF INVESTIGATION

CC-275

Prepared by: *van*Checked by: *van*Filed by: *lee*

Mr.

Miss

Mrs.

Mr. Paul L. Cox

Date: March 8, 1943

New appointment ☐Transfer ☐Promotion ☒Separation ☐

PRESENT STATUS

1. Title: Special Agent

2. Grade: CAP 10

3. Salary: \$3500 per annum

4. Seat of Government: ☐
Field: ☐

5. Division:

6. Appropriation: "Salaries and Expenses, FBI"
(National Defense)

PROPOSED ACTION

7. Title: Special Agent

8. Grade: CAP 11

9. Salary: \$3800 per annum

10. Seat of Government: ☐
Field: ☐

11. Division:

12. Appropriation: "Salaries and Expenses, FBI"
(National Defense)

13. Effective: March 16, 1943

14. Position: Additional: ☐
Vice: ☐
Identical: ☐

15. Remarks:

Respectfully submitted,

Mr. Tolson _____

Mr. E. A. Tamm _____

Mr. C. L. Glavin, Audit Section

Mr. C. L. Glavin, Selective Service

Mr. Glavin _____

Mr. Ladd _____

Mr. Nichols _____

Mr. Rosen _____

Mr. Tracy _____

Mr. Carson _____

Mr. Hendon _____

Mr. McGuire _____

Mr. Mumford _____

Mr. Harbo _____

Mr. Quinn Tamm _____

Mr. Nease _____

Miss Gandy _____

Director, Federal Bureau of Investigation

(Title)

COMMUNICATIONS SECTION

MAILED 12

MAR 9 1943 P.M.

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICEMAR 8 8 07 PM '43
RECEIVED READING ROOM
F B I
U.S. DEPT. OF JUSTICENOT RECORDED
MAR 6 1 20 PM '43
Funds Available

MAR 8 1943 REL

FEDERAL BUREAU OF INVESTIGATION

Mr.
Miss
Mrs.

Date February 7, 1942

New appointment ☐Transfer ☐Promotion ☒Separation ☐

PRESENT STATUS

1. Title: Special Agent

2. Grade: CAF 9

3. Salary: \$3200 per annum

4. Seat of Government: ☐
Field: ☐

5. Division:

6. Appropriation: "Salaries and Expenses, FBI"
(National Defense)

PROPOSED ACTION

7. Title: Special Agent

8. Grade: CAF 10

9. Salary: \$3500 per annum

10. Seat of Government: ☐
Field: ☒

11. Division:

12. Appropriation: "Salaries and Expenses, FBI"
(National Defense)

13. Effective: February 15, 1942

14. Position: Additional: ☒
Vice:
Identical:

15. Remarks:

Respectfully submitted,

CC: Chief, Audit Section

Mr. Tolson ☐

Mr. E. A. Tamm

Mr. Clegg

Mr. Glavin

Mr. Ladd

Mr. Nichols

Mr. Tracy

Mr. Rosen

Mr. Carson

Mr. Coffey

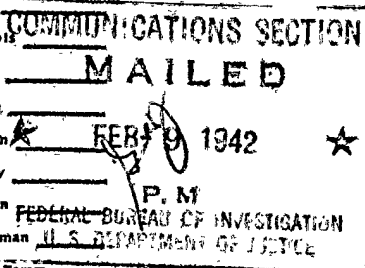
Mr. Hendon

Mr. Holloman

Mr. Quinn Tamm

Mr. Nease

Miss Gandy

Director, Federal Bureau of Investigation
(Title)b6
b7c

ADMINISTRATIVE-UNOFFICIAL ()
OFFICIAL:
REGULAR (X) SPECIAL ()
PROBATIONAL ()

As of 3/31/48 based on performance during period from 4/1/47 to 3/31/48

Paul L. Cox

Special Agent

CAF 12

\$6384.00

(Name of employee)

(Title of position, service, and grade)

Federal Bureau of Investigation - Detroit Division

(Organization—Indicate bureau, division, section, unit, field station)

| | | |
|----------------------------------|--|---|
| ON LINES BELOW
MARK EMPLOYEE. | 1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. | CHECK ONE: |
| V if adequate | 2. Underline the elements which are especially important in the position. | Administrative, supervisory, or planning _____ ☐ |
| - if weak | 3. Rate only on elements pertinent to the position. | |
| + if outstanding | a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. | All others _____ ☒ |
| | b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> . | |

- _____ (1) Maintenance of equipment, tools, instruments.
 _____ (2) Mechanical skill.
+ (3) Skill in the application of techniques and procedures.
 _____ (4) Presentability of work (appropriateness of arrangement and appearance of work).
+ (5) Attention to broad phases of assignments.
+ (6) Attention to pertinent detail.
 _____ (7) Accuracy of operations.
+ (8) Accuracy of final results.
+ (9) Accuracy of judgments or decisions.
+ (10) Effectiveness in presenting ideas or facts.
+ (11) Industry.
+ (12) Rate of progress on or completion of assignments.
+ (13) Amount of acceptable work produced. (Is mark based on production records? No (Yes or no))
+ (14) Ability to organize his work.
+ (15) Effectiveness in meeting and dealing with others.
+ (16) Cooperativeness.
+ (17) Initiative.
+ (18) Resourcefulness.
+ (19) Dependability.
+ (20) Physical fitness for the work.
- _____ (21) Effectiveness in planning broad programs.
 _____ (22) Effectiveness in adapting the work program to broader or related programs.
 _____ (23) Effectiveness in devising procedures.
 _____ (24) Effectiveness in laying out work and establishing standards of performance for subordinates.
 _____ (25) Effectiveness in directing, reviewing, and checking the work of subordinates.
 _____ (26) Effectiveness in instructing, training, and developing subordinates in the work.
 _____ (27) Effectiveness in promoting high working morale.
 _____ (28) Effectiveness in determining space, personnel, and equipment needs.
 _____ (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
 _____ (30) Ability to make decisions.
 _____ (31) Effectiveness in delegating clearly defined authority to act.
- STATE ANY OTHER ELEMENTS CONSIDERED
+ (A) Capability for Additional Responsibility
 (B) _____
- 67-267288-59

STATE ANY OTHER ELEMENTS CONSIDERED

+ (A) Capability for Additional Responsibility

(B)

67-267288-59

STANDARD

Deviations must be explained on reverse side of the

Searched

form Numbered 77

Filed

Adjective

Halting

Abstract

Rating
office

Adjective Rating

EXCELLENT P.L.C.

Plus marks on all underlined elements, and check marks or better on all other elements rated.....3

Check marks or better on all elements rated; and plus marks on at least half of the underlined elements.

Check marks or better on a majority of underlined elements, and all weak performance overcompensated by outstanding performance.

Check marks or better on a majority of underlined elements, and all weak performance not overcompensated by outstanding performance.....

Minus marks on at least half of the underlined elements.....

Rated by V. V. Dagnos
(Signature of rating official)

H. T. O'CONNOR, SAC

(Signature of rating official)

(Title)

Assistant Director.

Federal Bureau of Investigation

(Title)

3/31/48

(Date)

Reviewed by [Signature]
(Signature of Reviewing official)

(Date)

Report to employee

(Adjective rating)

PAUL L. COX
SPECIAL AGENT
ANNUAL EFFICIENCY RATING

Special Agent Paul L. Cox always dresses neatly and conservatively, has a friendly, pleasant personality and makes an excellent, mature personal appearance. He is above average in force, aggressiveness, initiative, and resourcefulness.

Cox has been assigned during this period as Resident Agent at Saginaw, Michigan. He has handled general criminal work almost exclusively. He has a good knowledge of the Bureau work and rules and regulations. He plans and organizes his work to very good advantage. He initiates and completes his investigations in a highly satisfactory manner. His reports are concise and well prepared. He accepts and discharges responsibility and handles his work with a very minimum of supervision. His volume of work is above average.

Agent Cox is physically able to perform Bureau assignments. He is an administrative firearms instructor and has operated very satisfactorily on arrests and raids.

This agent is a Bureau speaker and is well received on such occasions. His contacts with the public and with law enforcement officers are very excellent. He is held in very high regard by those with whom he comes in contact.

Cox is intelligent and possesses good judgment. He is a very valuable agent. He has not had the opportunity to handle a supervisory assignment. However, I am sure he is capable and could do so. I believe he is qualified for additional responsibility. He is rated as excellent in CAF 12.

Rating: Excellent

Initials: P.L.C.

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON 25, D. C.

MR. PAUL L. COX

Paul L. Cox

PERIODIC PAY INCREASE

Prepared by *bas*

Checked by *bas*

Filed by:

Date

January 5, 1948

Personnel Action Number

F.B.I. - 5729 9729

Legal Authority

Nature of Action

Effective

JANUARY 25, 1948

Position

Special Agent

FROM

TO

Grade

CAP 12
\$6144.60

CAP 12
\$5284

Salary

Division

and

Section

Headquarters

Appropriations

S & E, F.B.I.

S & E, F.B.I.

Departmental or Field

Dept.

Field

Dept.

Field

NATURE OF POSITION

a. VICE

b. ADDITIONAL IDENTICAL

c. NEW

P. C. NO.

P. C. NO.

P. C. NO.

Date of Birth

Date of Oath

REMARKS

From under Auto. Prom. Bill, Public Law 500
as amended 6-22-45. Prom. under same bill in
CAP 12 from \$5285.20 to \$6144.60 eff. 7-14-46.

47-NOT RECORDED 8

63 JAN 9 1948

[Handwritten signature]



ANNUAL
REPORT OF
EFFICIENCY RATING

Form approved.
Budget Bureau No. 50-R012.3.

ADMINISTRATIVE-UNOFFICIAL ()
OFFICIAL:
REGULAR (X) SPECIAL ()
PROBATIONAL ()

As of March 31, 1947, based on performance during period from April 1, 1946 to March 31, 1947

PAUL L. COX

(Name of employee)

Special Agent CAF-12 \$6144.60

(Title of position, service, and grade)

FBI - Detroit, Michigan

(Organization—Indicate bureau, division, section, unit, field station)

| | | |
|---|--|---|
| ON LINES BELOW
MARK EMPLOYEE
V if adequate
- if weak
+ if outstanding | 1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. | CHECK ONE: |
| | 2. Underline the elements which are especially important in the position. | Administrative, supervisory, or planning ☐ |
| | 3. Rate only on elements pertinent to the position.
a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions.
b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> . | All others ☒ |

- ____ (1) Maintenance of equipment, tools, instruments.
____ (2) Mechanical skill.
+ (3) Skill in the application of techniques and procedures.
____ (4) Presentability of work (appropriateness of arrangement and appearance of work).
+ (5) Attention to broad phases of assignments.
+ (6) Attention to pertinent detail.
____ (7) Accuracy of operations.
+ (8) Accuracy of final results.
+ (9) Accuracy of judgments or decisions.
+ (10) Effectiveness in presenting ideas or facts.
+ (11) Industry.
+ (12) Rate of progress on or completion of assignments.
+ (13) Amount of acceptable work produced. (Is mark based on production records? _____) (Yes or no)
+ (14) Ability to organize his work.
+ (15) Effectiveness in meeting and dealing with others.
+ (16) Cooperativeness.
+ (17) Initiative.
+ (18) Resourcefulness.
+ (19) Dependability.
+ (20) Physical fitness for the work.

- ____ (21) Effectiveness in planning broad programs.
____ (22) Effectiveness in adapting the work program to broader or related programs.
____ (23) Effectiveness in devising procedures.
____ (24) Effectiveness in laying out work and establishing standards of performance for subordinates.
____ (25) Effectiveness in directing, reviewing, and checking the work of subordinates.
____ (26) Effectiveness in instructing, training, and developing subordinates in the work.
____ (27) Effectiveness in promoting high working morale.
____ (28) Effectiveness in determining space, personnel, and equipment needs.
____ (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
____ (30) Ability to make decisions.
____ (31) Effectiveness in delegating clearly defined authority to act.
- STATE ANY OTHER ELEMENTS CONSIDERED
+ Ability to direct & lead a group of
+ (A) Agents on raids & dangerous assignments
+ (B) Capability for additional responsibility
____ (C) _____

| | | |
|--|----------------|--|
| STANDARD
Deviations must be explained on reverse side of this form | | Adjective Rating |
| Plus marks on all underlined elements, and check marks or better on all other elements rated. | Excellent | Rating official <u>EXCELLENT P.L.C.</u>
Reviewing official <u>[Signature]</u> |
| Check marks or better on all elements rated, and plus marks on at least half of the underlined elements. | Very Good | |
| Check marks or better on a majority of underlined elements, and all weak performance overcompensated by outstanding performance. | Good | |
| Check marks or better on a majority of underlined elements, and all weak performance not overcompensated by outstanding performance. | Fair | |
| Minus marks on at least half of the underlined elements. | Unsatisfactory | |

Rated by [Signature] H. T. O'CONNOR, SAC

(Signature of rating official)

A. (Title) C. 0001

March 31, 1947

(Date)

Reviewed by [Signature] Federal Bureau of Investigation

(Signature of reviewing official)

(Title)

APR 18 1947

(Date)

Rating approved by efficiency rating committee _____ Report to employee _____
(Date) (Adjective rating)

DEPARTMENT OF JUSTICE
WASHINGTON 25, D. C.
JUN 25, 1945

Prepared by *Ja*
Checked by *ra*
Filed by

8669

Name : **MR. PAUL L. COX**
MR. PAUL L. COX

Nature Of Action : **PERIODIC PAY INCREASE**

Effective : **July 14, 1945**

| | FROM | TO |
|-----------------------|--|--|
| Position | Special Agent | |
| Grade | CAP 12 | CAP 12 |
| Salary | \$5505.00 | \$6184.60 |
| Bureau or Division | | |
| Headquarters | | |
| Appropriations | ICE, FBI, NATL. DEF. | |
| Departmental Or Field | ☐ DEPT. ☒ FIELD | ☐ DEPT. ☒ FIELD |

NO. **FDI 1865**
CIVIL SERVICE OR
OTHER LEGAL AUTHORITY

NATURE OF POSITION

a NEW

P. C. No.

b ADDITIONAL IDENTICAL

P. C. No.

c VICE

P. C. No.

REMARKS:

Mr. Cox is being promoted under the Auto. Prom. Bill, Public Law 430 as amended 6-30-45. He was reallocated from CAP 11, \$5000 to CAP 12, \$5500, eff. 1-1-45. ISI to \$5184, eff. 7-1-45. ESI to \$5505.00, eff. 7-1-45.

DATE OF OATH

DATE OF BIRTH

du-je
84
JUN 27 1945

67-102 RECORDED 1

11. (FILE)

ANNUAL

REPORT OF EFFICIENCY RATING

Form approved
Budget Bureau No. 50-R012.
Approval expires Mar. 30, 1945.

ADMINISTRATIVE-UNOFFICIAL ()
OFFICIAL:
REGULAR (XX) SPECIAL ()
PROBATIONAL or TRIAL PERIOD ()

As of 3/31/46 based on performance during period from 4/1/45 to 3/31/46

Paul L. Cox
(Name of employee)

Special Agent

CAF 12

\$5180

(Title of position, service, and grade)

Federal Bureau of Investigation - Detroit Field Division

(Organization—Indicate bureau, division, section, unit, field station)

| ON LINES BELOW
MARK EMPLOYEE | 1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A.
2. Underline the elements which are especially important in the position.
3. Rate only on elements pertinent to the position.
a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions.
b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> . | CHECK ONE:
Administrative, supervisory, or planning ☐
All others ☒ |
|--|---|---|
| ☒ if adequate
☐ if weak
☐ if outstanding | | |

- ☐ (1) Maintenance of equipment, tools, instruments.
- ☒ (2) Mechanical skill.
- ☒ (3) Skill in the application of techniques and procedures.
- ☐ (4) Presentability of work (appropriateness of arrangement and appearance of work).
- ☒ (5) Attention to broad phases of assignments.
- ☒ (6) Attention to pertinent detail.
- ☒ (7) Accuracy of operations.
- ☒ (8) Accuracy of final results.
- ☒ (9) Accuracy of judgments or decisions.
- ☒ (10) Effectiveness in presenting ideas or facts.
- ☒ (11) Industry.
- ☒ (12) Rate of progress on or completion of assignments.
- ☒ (13) Amount of acceptable work produced. (Is mark based on production records? ☐ (Yes or no))
- ☒ (14) Ability to organize his work.
- ☒ (15) Effectiveness in meeting and dealing with others.
- ☒ (16) Cooperativeness.
- ☒ (17) Initiative.
- ☒ (18) Resourcefulness.
- ☒ (19) Dependability.
- ☒ (20) Physical fitness for the work.

- ☐ (21) Effectiveness in planning broad programs.
- ☐ (22) Effectiveness in adapting the work program to broader or related programs.
- ☐ (23) Effectiveness in devising procedures.
- ☐ (24) Effectiveness in laying out work and establishing standards of performance for subordinates.
- ☐ (25) Effectiveness in directing, reviewing, and checking the work of subordinates.
- ☐ (26) Effectiveness in instructing, training, and developing subordinates in the work.
- ☐ (27) Effectiveness in promoting high working morale.
- ☐ (28) Effectiveness in determining space, personnel, and equipment needs.
- ☐ (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
- ☐ (30) Ability to make decisions.
- ☐ (31) Effectiveness in delegating clearly defined authority to act.

STATE ANY OTHER ELEMENTS CONSIDERED

- ☒ (A) Ability to direct and lead a group of Agents on raids and dangerous assignments.
- ☐ (B) assignments.
- ☒ (C) Capability for additional responsibility.

STANDARD

Deviations must be explained on reverse side of this form

Plus marks on all underlined elements, and no minus marks.
Plus marks on at least half of the underlined elements, and no minus marks.
Check marks or better on a majority of underlined elements, and any minus marks overcompensated by plus marks.
Check marks or better on a majority of underlined elements, and minus marks not overcompensated by plus marks.
Minus marks on at least half of the underlined elements.

Adjective rating
Excellent

Very good

Good

Fair

Unsatisfactory

Rating official

Reviewing official

Adjective rating

Excellent

Rated by R. A. Guerin

(Signature of rating official)

R. A. Guerin, SAC

(Title)

3/31/46

(Date)

Reviewed by R. A. Guerin

(Signature of reviewing official)

Assistant Director.

(Title)

(Date)

Rating approved by efficiency rating committee

(Date)

Report to employee

(Adjective rating)

Re: Paul L. Cox
Special Agent
Annual Efficiency Rating

This Agent presents an excellent personal appearance. He is mature, dresses neatly and is consistently well groomed. He is well poised, a good conversationalist and intelligent. He represents the Bureau well, has plenty of initiative and is not lacking in confidence. He possesses sufficient agility and stamina to qualify for strenuous assignment.

Agent Cox has been assigned as Resident Agent at Saginaw, Michigan, since December 23, 1942, and he continues to carry out his duties in a most competent manner. He is well liked and highly respected by the law enforcement officers within his district. He is a good mixer, a capable Bureau speaker and a good all around investigator. He is capable of organizing and initiating investigations and he accepts responsibility willingly. His attitude toward his work is excellent and he can be depended upon to exercise good judgment when faced with new or unusual situations. His output and the quality of his work are above average. His reports are well written, reflect thorough preparation and a good knowledge of the Bureau's manuals, and he is rated excellent in his dictation ability.

He has been afforded administrative firearms training and is ideally suited for use on dangerous assignment because of his even temperament and skill in the handling of firearms. He types well enough for rough draft purposes, but has no shorthand ability. He has testified in Federal court on several occasions and is regarded as a capable witness.

Agent Cox has demonstrated that he possesses supervisory ability by the splendid manner in which he handles the work assigned to him. His progress has been steady and he has developed into an excellent Agent. I rate him excellent in CAF 12.

NRC:ld

April 3, 1944

~~PERSONAL AND CONFIDENTIAL~~

Mr. Paul L. Cox
Federal Bureau of Investigation
Post Office Box 2118
Detroit 31, Michigan

Dear Mr. Cox:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Quantico, Virginia, on March 24, 1944.

This report reflects the following physical defects:

None.

The Board of Examining Physicians makes the following recommendations:

Vaccination for smallpox.

Inoculation for typhoid.

Inoculation for tetanus.

It reports that you are capable of performing strenuous physical exertion, and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

J. E. Hoover

John Edgar Hoover
Director

Tolson
E. A. Tamm
Clegg
Coffey
Glavin
Ladd
Nichols
Rosen
Tracy
Acers
Carson
Harbo
Hendon
Mumford
Starke
Quinn Tamm
Nease
Gandy

RECEIVED SECTION
MAILED
APR 4 1944
cc: SAC Detroit

FEDERAL BUREAU OF INVESTIGATION

Mr.
Miss
Mrs.

Date

New appointment ☐

Transfer ☐

Promotion ☒

Separation ☐

PRESENT STATUS

1. Title: Special Agent

2. Grade: GS-11

3. Salary: \$5,000 per annum

4. Seat of Government: ☐
Field: ☒

5. Division:

6. Appropriation: Department of Justice, Federal Bureau of Investigation (General Fund)

PROPOSED ACTION

7. Title: Special Agent

8. Grade: GS-11

9. Salary: \$5,000 per annum

10. Seat of Government: ☐
Field: ☒

11. Division:

12. Appropriation: Department of Justice, Federal Bureau of Investigation (General Fund)

13. Effective: January 1, 1945

15. Remarks:

14. Position: ☐ Additional:
☐ Vice:
☒ Identical: GS-11

Respectfully submitted,

CCO Selective Service

Tolson
E. A. Tamm
Clegg
Coffey
Glavin
Ladd
Nichols
Rosen
Tracy
Acers
Carson
Harbo
Hendon
Mumford
Starke
Quinn Tamm
Nease
Gandy

MAILED 3
JAN 23 1945 P.M.
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

JAN 14 1945
[Handwritten signature]

HISTORY OF ILLNESS OR INJURY: Childhood diseases only. No other injuries
or operations.

SPINE AND EXTREMITIES (bones, joints, muscles, feet)

THORAX (size, shape, movement) normal
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. normal
chest x-ray neg.

CARDIO-VASCULAR SYSTEM normal
HEART (note all signs of cardiac involvement) normal, rate increased
ECG - ordered - a

PULSE: BEFORE EXERCISE 102 BLOOD PRESSURE: SYSTOLIC 140
AFTER EXERCISE 126 DIASTOLIC 88
THREE MINUTES AFTER 112
CONDITION OF ARTERIES elastic CHARACTER OF PULSE regular
CONDITION OF VEINS normal HEMORRHOIDS none

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) normal

GENITO-URINARY SYSTEM normal
URINALYSIS: SPEC. GR. 1.023 ALB. n SUGAR n MICROSCOPICAL n
VENEREAL DISEASE none

NERVOUS SYSTEM normal
(organic or functional disorders)
ROMBERG negative INCOORDINATION (gait, speech) none
REFLEXES, SUPERFICIAL present DEEP (knee, ankle, elbow) normal TREMORS none
SEROLOGICAL TESTS kahn neg. BLOOD TYPE A2 Rh Pos
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) none apparent

SMALLPOX VACCINATION: DATE OF LAST VACCINATION 1941
TYPHOID PROPHYLAXIS: NUMBER OF COURSES 1941

DATE OF LAST COURSE 1941
REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE

(1) ECG - unipolar leads; slight depression in AVF. Slight depression may be associated with coronary insufficiency.
SUMMARY OF DEFECTS insufficiency.

Increased pulse rate - no symptoms

CAPABLE OF PERFORMING DUTIES INVOLVING Arduous PHYSICAL EXERTION

IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS yes. (yes or no)
(when no is given state cause)

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary)

No recommendations

A. J. White
Capt. MC USN Ret.

DATE OF EXAMINATION April 22, 1949

ANNUAL REPORT OF EFFICIENCY RATING

Form approved.
Budget Bureau No. 50-R012.3.

ADMINISTRATIVE-UNOFFICIAL ()
OFFICIAL:
REGULAR (X) SPECIAL ()
PROBATIONAL ()

As of March 31, 1950 based on performance during period from Apr. 1, '49 to March 31, 1950

Paul Leslie Cox
(Name of employee)

Special Agent, GS-12
(Title of position, service, and grade)

Federal Bureau of Investigation, Security Investigative Division, Internal Security
(Organization—Indicate bureau, division, section, unit, field station) Section

| | | |
|---|---|---|
| ON LINES BELOW
MARK EMPLOYEE
✓ if adequate
- if weak
+ if outstanding | 1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A.
2. Underline the elements which are especially important in the position.
3. Rate only on elements pertinent to the position.
a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions.
b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> . | CHECK ONE:
Administrative, supervisory, or planning ☒
All others ☐ |
|---|---|---|

- ____ (1) Maintenance of equipment, tools, instruments.
- ____ (2) Mechanical skill.
- + (3) Skill in the application of techniques and procedures.
- + (4) Presentability of work (appropriateness of arrangement and appearance of work).
- + (5) Attention to broad phases of assignments.
- + (6) Attention to pertinent detail.
- + (7) Accuracy of operations.
- + (8) Accuracy of final results.
- + (9) Accuracy of judgments or decisions.
- + (10) Effectiveness in presenting ideas or facts.
- + (11) Industry.
- + (12) Rate of progress on or completion of assignments.
- + (13) Amount of acceptable work produced. (Is mark based on production records? no.) (Yes or no)
- + (14) Ability to organize his work.
- + (15) Effectiveness in meeting and dealing with others.
- + (16) Cooperativeness.
- + (17) Initiative.
- + (18) Resourcefulness.
- + (19) Dependability.
- + (20) Physical fitness for the work.

- ____ (21) Effectiveness in planning broad programs.
- ____ (22) Effectiveness in adapting the work program to broader or related programs.
- ____ (23) Effectiveness in devising procedures.
- ____ (24) Effectiveness in laying out work and establishing standards of performance for subordinates.
- ____ (25) Effectiveness in directing, reviewing, and checking the work of subordinates.
- ____ (26) Effectiveness in instructing, training, and developing subordinates in the work.
- ____ (27) Effectiveness in promoting high working morale.
- ____ (28) Effectiveness in determining space, personnel, and equipment needs.
- ____ (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
- ____ (30) Ability to make decisions.
- ____ (31) Effectiveness in delegating clearly defined authority to act.

67-207288-75
STATE ANY OTHER ELEMENTS CONSIDERED
Searched
+ (A) Capability for additional responsibility
____ (B) Filed
____ (C) 1 MAY 2 1950

STANDARD

Deviations must be explained on reverse side of this form.

Plus marks on all underlined elements, and check marks or better on all other elements rated _____
Check marks or better on all elements rated, and plus marks on at least half of the underlined elements _____
Check marks or better on a majority of underlined elements, and all weak performance overcompensated by outstanding performance _____
Check marks or better on a majority of underlined elements, and all weak performance not overcompensated by outstanding performance _____
Minus marks on at least half of the underlined elements _____

Adjective Rating
Excellent
Very Good
Good
Fair
Unsatisfactory

Rating official Excellent PhC
Reviewing official 5-2-50

Rated by J. J. Baumgardner Chief of Section March 31, 1950
(Signature of rating official) (Title) (Date)

Reviewed by W. V. B. B. B. B. Inspector March 31, 1950
(Signature of reviewing official) (Title) (Date)

Rating approved by efficiency rating committee _____ Report to employee 5-2-50
(Date) (Adjective rating)

PAUL LESLIE COX

Mr. Cox has been assigned as a Supervisor in the Internal Security Section of the Security Investigative Division since February 3, 1949. During the current rating period he has been assigned to supervisory matters on the Security Index Desk. In this capacity he handles cases involving individuals whose activities are inimical to the best interests of the United States. In addition, Mr. Cox has supervised the case entitled "Harry Renton Bridges; IS-C." Although the Immigration and Naturalization Service is handling the present prosecution of this case, that agency calls upon the Bureau for a tremendous amount of information which is contained in our files as the result of our exhaustive investigation regarding Harry Bridges. In fulfilling these requests, Mr. Cox has performed an unusual amount of work and has exercised extremely good judgment in complying with the numerous and sometimes "shotgun" requests received from INS in connection with their prosecution of this case.

Mr. Cox makes an excellent personal appearance, dresses neatly and is an intelligent, industrious, resourceful, aggressive and loyal Bureau employee. He has a very thorough knowledge of Bureau policy and approaches his current assignment with an intelligent application of that policy. His dictating ability is excellent and his memoranda are prepared in a thorough, above average fashion.

He produces a large volume of work and has worked long hours without regard for his personal convenience. In connection with his all around ability, he received a letter of commendation from the Director dated December 9, 1949. The Director commented upon the exemplary manner in which Mr. Cox had performed his duties and stated he was most gratified at receiving reports of a commendatory nature concerning Mr. Cox. He expressed his sincere appreciation and commendation for the very capable fashion in which Mr. Cox had discharged his assignments.

This employee accepts and discharges responsibility with a minimum of supervision. His physical condition is such that he can function properly on any assignment and he has advised me he is available for special or general assignment anywhere his services may be needed.

Mr. Cox has demonstrated that he very definitely possesses administrative ability and I feel at this time he could assume the duties of an ASAC. I further feel that on a long range basis he can be expected to develop into potential SAC material.

Status: At this time he is entitled to the adjective rating of Excellent in Grade GS-12.

Plc

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON 25, D.C.

Filed b7: *ser*

MR. PAUL L. COX
MR. PAUL L. COX
PERIODIC PAY INCREASE

Nature of Action

Date

August 5, 1949

Personnel Action Number

F.B.I.- **1901**

1901

Legal Authority

Effective

August 7, 1949

| | | |
|-----------------------|--|--|
| | FROM | TO |
| Position | Special Agent | |
| Grade | CAF 12 | SSNO |
| Salary | \$6714 | \$6953.40 |
| Division and Section | | |
| Headquarters | | |
| Appropriations | S & E, F.B.I. | S & E, F.B.I. |
| Departmental or Field | ☐ Dept. ☒ Field | ☐ Dept. ☒ Field |

NATURE OF POSITION

| | | |
|---------------|-------------------------|--------------|
| a. VICE | b. ADDITIONAL IDENTICAL | c. NEW |
| P.C. NO. | P.C. NO. | P.C. NO. |
| Date of Birth | | Date of Oath |

REMARKS

From. under the Auto. Prom. Bill, Public Law #200 as amended 6-30-45. From. under the same Bill from \$6144.60 to \$6384 in CAF 12 eff. 1-25-48. Last efficiency rating - EXCELLENT - Approved Rating Committee 7-1-49.

J W / b m

21 SEP 16 1949 ⁶⁷ - NOT RECORDED

Est

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

CC-270
(1-1-50)

NAME Cox, Paul L. AGE 43 YEARS; 8 MONTHS
NATIVITY (state of birth) Indiana MARRIED, SINGLE, WIDOWED: Married NUMBER OF CHILDREN 3
FAMILY HISTORY Living

HISTORY OF ILLNESS OR INJURY None

HEAD AND FACE N

EYES: PUPILS (size, shape, reaction to light and distance, etc.) N

DISTANT VISION RT. 20/ 20-2 ; corrected to 20/ 20

LT. 20/ 20-2 , corrected to 20/ 20

COLOR PERCEPTION N

(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS N

EARS: HEARING RT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH /15'

LT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH /15'

DISEASE OR DEFECTS

NOSE Deviated right septum lo

(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES N

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS N

TEETH AND GUMS (disease or anatomical defect):

MISSING TEETH #1, 16, 32

NONVITAL TEETH N

PERIAPICAL DISEASE N

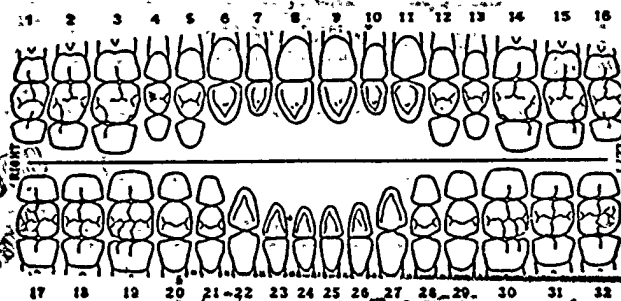
MARKED MALOCCLUSION N

PYORRHEA ALVEOLARIS N

TEETH REPLACED BY BRIDGES N

DENTURES

REMARKS



67-207288-76
Paul H. Wells, Jr.

(Signature of Dental Officer) 13

GENERAL BUILD AND APPEARANCE Medium-Good

TEMPERATURE 98.6

CHEST AT EXPIRATION

HEIGHT 68 1/2

CHEST AT INSPIRATION

WEIGHT 152

CIRCUMFERENCE OF ABDOMEN AT UMBILICUS

RECENT GAIN OR LOSS, AMOUNT AND CAUSE None

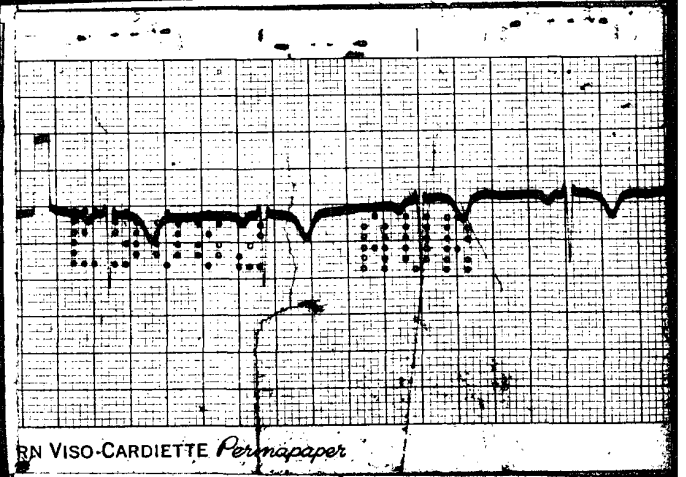
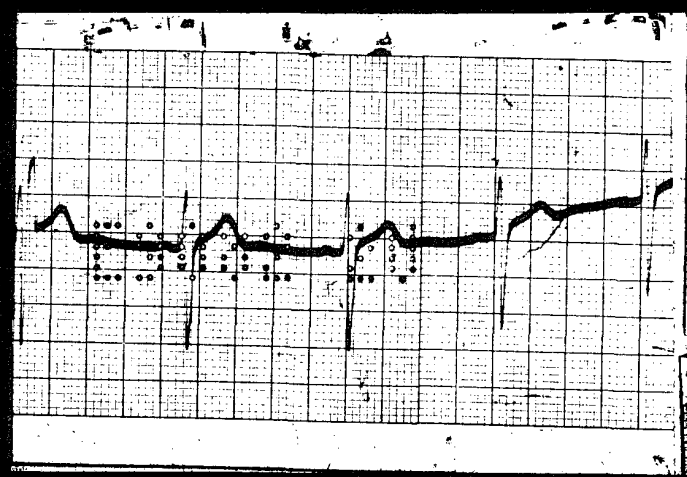
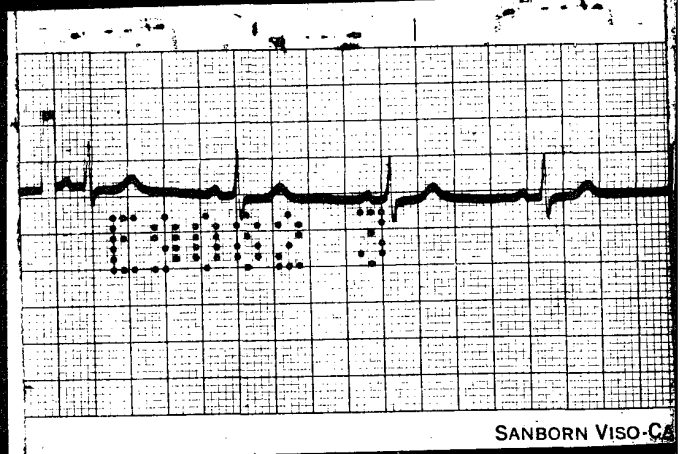
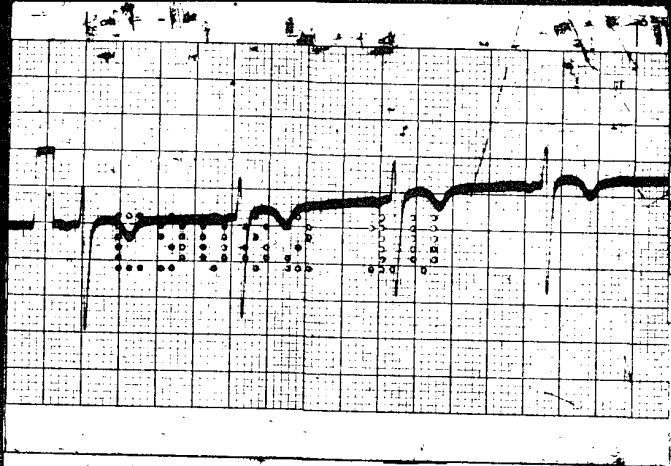
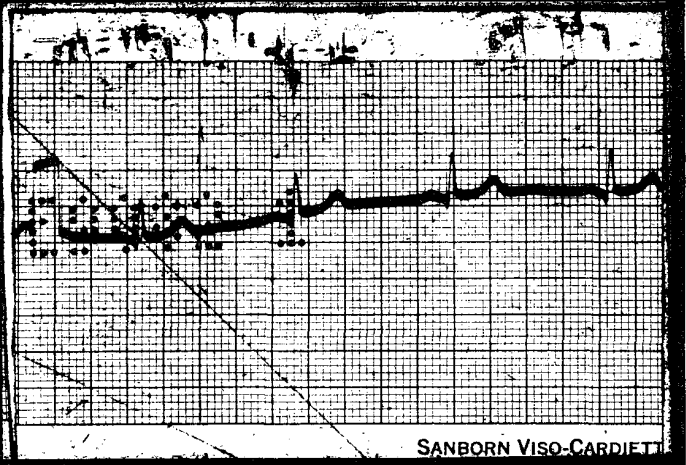
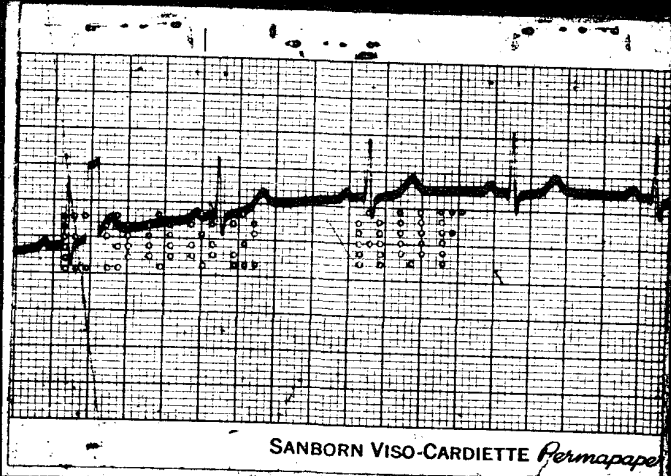
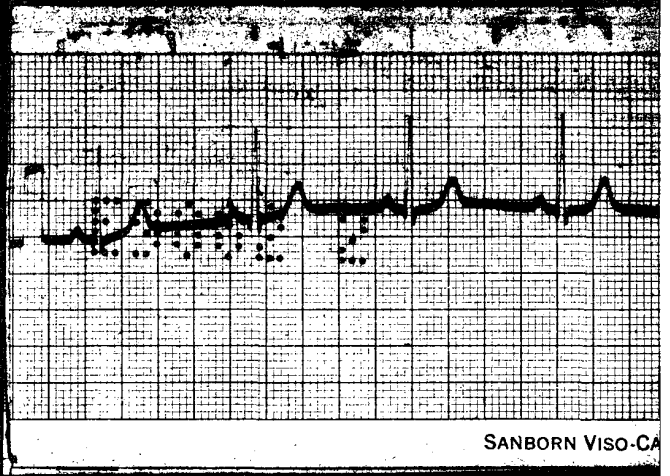
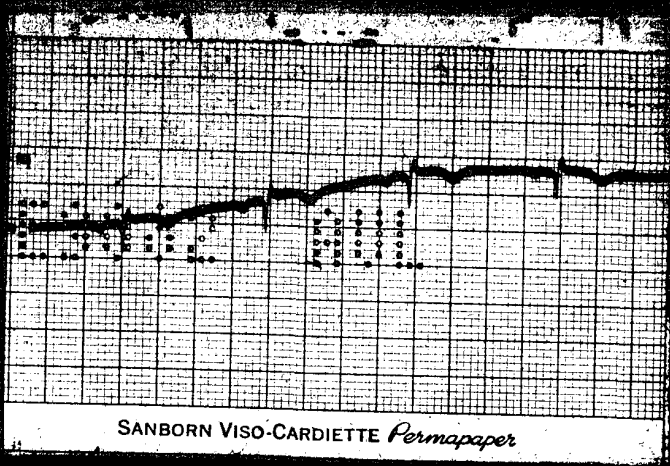
SKIN, HAIR, AND GLANDS Psoriasis - left calf.

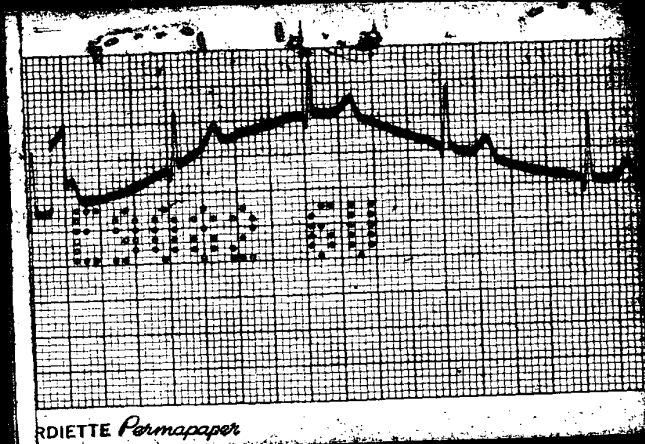
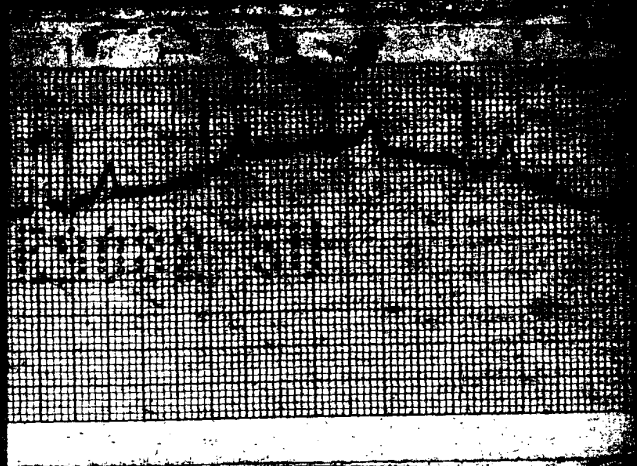
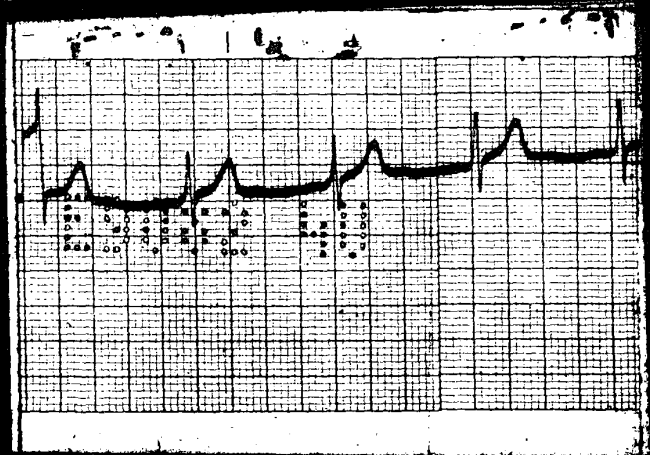
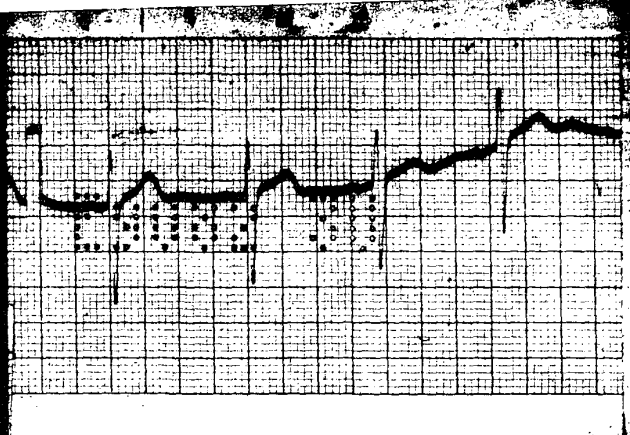
NECK (abnormalities, thyroid gland, trachea, larynx) Normal

SPINE AND EXTREMITIES (bones, joints, muscles, feet)

Normal

THORAX (size, shape, movement, rib cage, mediastinum) Normal
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. Normal
X-Ray Chest-neg.
CARDIO-VASCULAR SYSTEM Normal
- HEART (note all signs of cardiac involvement) Normal
PULSE: BEFORE EXERCISE 84 BLOOD PRESSURE: -SYSTOLIC - 130
AFTER EXERCISE 114 DIASTOLIC 78
THREE MINUTES AFTER 84
CONDITION OF ARTERIES Normal CHARACTER OF PULSE Reg.
CONDITION OF VEINS Normal HEMORRHOIDS No
ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera): Normal
GENITO-URINARY SYSTEM Normal
URINALYSIS: SP. GR. 1.005 ALB. neg. SUGAR neg. MICROSCOPICAL neg.
VENEREAL DISEASE Denies
NERVOUS SYSTEM Normal
(organic or functional disorders)
ROMBERG Neg. INCOORDINATION (gait, speech) Normal
REFLEXES, SUPERFICIAL, Neg. DEEP (knee, ankle, elbow) Neg. TREMORS None
SEROLOGICAL TESTS Kahn-neg. BLOOD TYPE A2 Rh positive
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) None
SMALLPOX VACCINATION: DATE OF LAST VACCINATION _____
TYPHOID PROPHYLAXIS: NUMBER OF COURSES _____
DATE OF LAST COURSE _____
REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE _____
ECG: Within normal limits. Compatible with a vertically placed heart.
SUMMARY OF DEFECTS Defected vision corrected; Psoriasis, left calf.
CAPABLE OF PERFORMING DUTIES INVOLVING Strenuous PHYSICAL EXERTION
IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS Yes (yes or no)
(when no is given state cause) _____
FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary) _____
DATE OF EXAMINATION April 21, 1950
EMPLOYEE'S INITIALS _____
W. G. Harrison, M. D.
P. S. Dorman, M. D.
G. T. Shires, M. D.





DIETTE *Permapaper*

| CLINICAL RECORD | | | | | ELECTROCARDIOGRAPHIC REPORT | | PREVIOUS ECG | |
|--------------------------|-----|------|--------|--------|-----------------------------|-----------------------------|------------------------------------|-----------------------------------|
| CLINICAL IMPRESSION | | | | | MEDICATION | | ☐ YES | ☐ NO |
| AGE | SEX | RACE | HEIGHT | WEIGHT | B. P. | SIGNATURE OF WARD PHYSICIAN | ☐ EMERGENCY | ☐ BEDSIDE |
| | | | | | | | ☐ ROUTINE | ☐ AMBULANT |
| RHYTHM | | | | | | AXIS DEVIATION (QRS) | DATE | |
| Sinus | | | | | | | | |
| INTERVALS | | | | | | P WAVES | RATES | |
| PR .12 QRS QT | | | | | | | AURIC. VENT. | |
| QRS COMPLEXES | | | | | | T WAVES | | |
| Minimal Q1. | | | | | | Upflight 1,2,3. | | |
| RS-T SEGMENT | | | | | | | | |
| PRECARDIAL LEADS (Speed) | | | | | | | | |

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Unipolar leads: The P and The T in AVL is inverted prominent R in AVF.
 Conclusion: within normal limits. Compatible with a vertically placed heart.

| | | | |
|-------------------|--------------------------------|---------------------|-----------------|
| NO.
ECG E-9082 | SIGNATURE
R. S. PARKER, JR. | TITLE
CDR MC USN | DATE
4-21-50 |
|-------------------|--------------------------------|---------------------|-----------------|

MOUNT TRACINGS HERE

(Continue on reverse)

| | | |
|---|---------------------|-------------------|
| PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME
COX Paul L. | REGISTER NO.
FBI | WARD NO.
101-1 |
|---|---------------------|-------------------|

ELECTROCARDIOGRAPHIC REPORT
 Standard Form 520

May 12, 1951

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

It is indeed a pleasure to extend to you my sincere and hearty congratulations upon the occasion of your Tenth Anniversary with the FBI today. In recognition of this event, there is enclosed for you the Bureau's Ten-Year Service Award Key.

This Key is a small token of my deep appreciation for your faithful and loyal service during this past decade. I have always been convinced that the success of the FBI has been due, to a large extent, to just such loyal and hard-working employees as you. I know that I can depend upon you to render the same high standard of performance in the future as you have in the past.

It is my sincere hope that I shall have the privilege of presenting additional service awards to you on future anniversaries with the Bureau.

With best wishes,

Sincerely,

Tolson _____
Ladd _____
Clegg _____
Glavin _____
Nichols _____
Rosen _____
Tracy _____
Harbo _____
Belmont _____
Mohr _____
Tele. Room _____
Nease _____
Gandy _____

Enclosure

cc - Mr. Belmont
Mr. Faulkner

NPG:dkc

RECEIVED
MAY 15 10 20 AM '51

267201-80

90

114

[Handwritten signatures and initials]

| | | | |
|---|--|-------------------|-----------------------------|
| 1. Agency and organizational designations
DEPARTMENT OF JUSTICE | 2. Pay period
0 | 3. Block No.
0 | 4. Slip No.
15403 |
| 5. Employee's name
MR. PAUL L. COX | 6. Grade and salary
GS 12 \$7000 | | |

PAY ROLL CHANGE DATA

| | BASE PAY | OVERTIME | GROSS PAY | RET. | TAX | BOND | NET PAY |
|--------------------|----------|----------|-----------|------|-----|------|---------|
| 7. Previous normal | | | | | | | |
| 8. New normal | | | | | | | |
| 9. Pay this period | | | | | | | |

| | | |
|---|----------------------|--|
| 10. Remarks:

<div style="text-align: center; font-size: 2em; transform: rotate(-15deg); opacity: 0.5;"> 4 FEB 16 1951 </div> | 11. Appropriation(s) | 12. Prepared by

<div style="text-align: center; font-size: 2em; transform: rotate(-15deg); opacity: 0.5;"> [Signature] </div> |
| | | 13. Audited by |

| | | | | | | | | |
|---|-----------------------------------|---------------------|--|--|-------------------|---|--|--|
| ☒ Periodic step increase. | | | ☐ Pay adjustment. | | | ☐ Other step increase. | | |
| 14. Effective date | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate | 18. NOTE: This rating is good for certain time periods and conditions only. Rating is subject to change.
1st. rating - 1st.
(b) _____
(SIGNATURE OR OTHER AUTHENTICATION) | 19. Suspense date | | | |
| 2-4-51 | 8-7-49 | \$7000 | \$7200 | | 2-22-51 | | | |

| | |
|---|---|
| 20. LWOP data (Fill in appropriate spaces covering LWOP during following periods):

Period(s): _____

☒ No excess LWOP. Total excess LWOP _____ | (Check applicable box in case of excess LWOP)
☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period.

<div style="text-align: right;"> 3 File
 W.D. [Signature]
 Initials of Clerk </div> |
|---|---|

April 19, 1952

Mr. Fred J. Baumgardner
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Mr. Baumgardner:

I want to express to you and through you to the Supervisors of the Internal Security Unit my sincere appreciation for the splendid fashion in which the recent Security-Espionage Schools were conducted at the Bureau.

It is my desire that you personally convey my gratitude and commendation to those Supervisors who contributed so materially to the success of these schools, advising them that I was most pleased with the efficient and capable manner in which this project was handled. I consider this was a job well done.

Sincerely yours,

cc: Mr. Belmont (PSC) J. Edgar Hoover

b6
b7C

cc: Personnel files of SA's:

Herman O. Bly
J. Wayne Parrish
Paul L. Cox
Richard W. Corman
Joseph D. Donohue
Marion E. Torrens

James F. Bland
Arthur E. Dooley
Earl F. Lane
James L. McGovern

Roy D. Simpson

Tolson _____
Ladd _____
Nichols _____
Belmont _____
Clegg _____
Glavin _____
Harbo _____
Rosen _____
Tracy _____
Laughlin _____
Mohr _____
Tele. Rm. _____
Holloman _____
Gandy _____

67-136594

EJI:bmc

67-207708-289
Searched _____
Numbered _____
DATE 28 1952

89 MAY 6 1952 DUPLICATE YELLOW

ORIGINAL FILE IN 67-136594-187

July 17, 1951

~~PERSONAL AND CONFIDENTIAL~~

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on June 1, 1951.

This report reflects that you have no disqualifying physical defects.

The electrocardiogram afforded you in this connection was found to be normal.

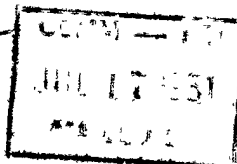
The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

John Edgar Hoover
Director

CC-Mr. Belmont (P & C)

HLE:mfc



Tolson _____
Ladd _____
Clegg _____
Glavin _____
Nichols _____
Rosen _____
Tracy _____
Harbo _____
Alsen _____
Belmont _____
Laughlin _____
Mohr _____
Tele. Room _____
Nease _____
Gandy _____

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

CC-270
(1-1-50)

NAME COX, Paul L. AGE 44 YEARS, 8 MONTHS
NATIVITY (state of birth) Ind. MARRIED, SINGLE, WIDOWED, married NUMBER OF CHILDREN 3
FAMILY HISTORY Both parents living.

HISTORY OF ILLNESS OR INJURY Usual childhood diseases.

HEAD AND FACE

EYES: PUPILS (size, shape, reaction to light and distance, etc.) N

DISTANT VISION RT. 20/15, corrected to 20/

LT. 20/15, corrected to 20/

COLOR PERCEPTION AOC 1940 Normal

(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS none

EARS: HEARING RT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH 15 /15'

LT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH 15 /15'

DISEASE OR DEFECTS None

NOSE N

(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES N

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS N

TEETH AND GUMS (disease or anatomical defect):

MISSING TEETH #1, #16, #32

NONVITAL TEETH

PERIAPICAL DISEASE

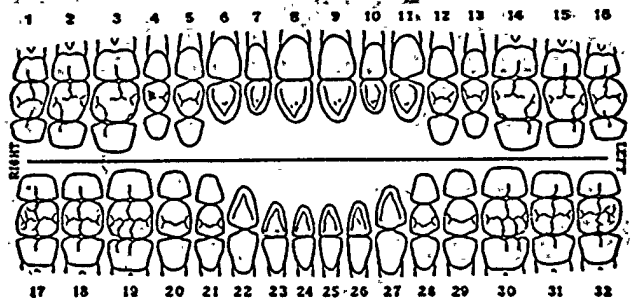
MARKED MALOCCLUSION

PYORRHEA ALVEOLARIS

TEETH REPLACED BY BRIDGES

DENTURES

REMARKS



A. B. Noble

(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE medium

TEMPERATURE

HEIGHT 68 1/2"

WEIGHT 155

RECENT GAIN OR LOSS, AMOUNT AND CAUSE No

SKIN, HAIR, AND GLANDS N

NECK (abnormalities, thyroid gland, trachea, larynx)

SPINE AND EXTREMITIES (bones, joints, muscles, feet)

h. 11-11-50
131
138
31 76
1957
1 N 102301
1 FEDERAL BUREAU OF INVESTIGATION
N

THORAX (size, shape, movement, rib cage, mediastinum)
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. N
Chest x-ray - neg.
CARDIO-VASCULAR SYSTEM
HEART (note all signs of cardiac involvement) N
ECG-Normal
PULSE: BEFORE EXERCISE 104 BLOOD PRESSURE: SYSTOLIC 130
AFTER EXERCISE 124 DIASTOLIC 84
THREE MINUTES AFTER 108
CONDITION OF ARTERIES N CHARACTER OF PULSE N
CONDITION OF VEINS N HEMORRHOIDS none

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera)
N

GENITO-URINARY SYSTEM
URINALYSIS: SP. GR. 1.075 ALB. neg. SUGAR neg. MICROSCOPICAL neg.
VENEREAL DISEASE

NERVOUS SYSTEM N
(organic or functional disorders)
ROMBERG N INCOORDINATION (gait, speech) None
REFLEXES, SUPERFICIAL N DEEP (knee, ankle, elbow) N TREMORS none
SEROLOGICAL TESTS neg. BLOOD TYPE "A" Rh /
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries)
none

SMALLPOX VACCINATION: DATE OF LAST VACCINATION --
TYPHOID PROPHYLAXIS: NUMBER OF COURSES
DATE OF LAST COURSE --
REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE
none

SUMMARY OF DEFECTS: NSA on PE

CAPABLE OF PERFORMING DUTIES INVOLVING Strenuous PHYSICAL EXERTION
IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS Yes (yes or no)
(when no is given state cause)

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary):

DATE OF EXAMINATION 6/1/51
EMPLOYEE'S INITIALS

s/C. F. Park
Cdr. (MC) USN
7/8/51

NOTIFICATION OF PERSONNEL ACTION

Prepared by: *dh*
Checked by: *dl*
Filed by:

| | | | | |
|--|--|--|---|--------------------------|
| 1. NAME (MR.—MISS—MRS.—ONE GIVEN NAME, INITIAL(S), AND SURNAME)
<i>Mr. Paul L. Cox</i> | | 2. DATE OF BIRTH
<i>9-6-05</i> | 3. JOURNAL OR ACTION NO.
<i>27086</i> | 4. DATE
<i>6-2-51</i> |
| This is to notify you of the following action affecting your employment: | | | | |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)
<i>*****</i> | | 6. EFFECTIVE DATE
<i>6-30-51</i> | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
<i>Schedule 8 Band 6.107 for</i> | |
| FROM | | TO | | |
| 8. POSITION TITLE
<i>Special Agent</i> | | 9. SERVICE, SERIES, GRADE, SALARY
<i>CS 33 \$7000 per annum</i> | | |
| 10. ORGANIZATIONAL DESIGNATIONS | | 11. HEADQUARTERS | | |
| 12. FIELD OR DEPT'L
☒ FIELD ☐ DEPARTMENTAL | | 13. VETERAN'S PREFERENCE
NONE ☐ WWII ☐ OTHER ☐ 5-PT. ☐ 10-POINT ☐ DISAB. ☐ OTHER ☐ | | |
| 14. POSITION CLASSIFICATION ACTION
NEW ☐ VICE ☐ L.A. ☐ REAL ☐ | | 15. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) | | |
| 16. SEX ☐ 17. RACE ☐ | | 18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO) ☐ | | |
| 19. APPROPRIATION FROM: ☐ TO: ☐ | | 20. LEGAL RESIDENCE ☐ CLAIMED ☐ PROVED STATE: <i>Michigan</i> | | |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. | | | | |
| <p><i>Just dh</i></p> <p>RECORDED & INDEXED</p> <p><i>mm</i></p> <p><i>100 file</i></p> <p><i>100 file</i></p> | | | | |
| 22. SIGNATURE OR OTHER AUTHENTICATION | | | | |

ENTRANCE EFFICIENCY RATING:

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

CC-270
(1-1-50)

NAME COX, Paul L. AGE 45 YEARS, 10 MONTHS
NATIVITY (state of birth) Ind. MARRIED, SINGLE, WIDOWED: Married NUMBER OF CHILDREN 3
FAMILY HISTORY Mother deceased-Cancer
Father-living and well for age.

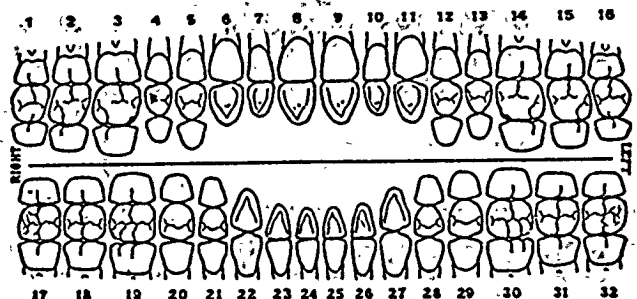
HISTORY OF ILLNESS OR INJURY Measles, mumps, chicken pox in childhood.

HEAD AND FACE N
EYES: PUPILS (size, shape, reaction to light and distance, etc.) N
DISTANT VISION RT. 20/ 20, corrected to 20/
LT. 20/ 20, corrected to 20/
COLOR PERCEPTION Normal AOC 1940
(state edition of Stilling's plates or Lamps used)
DISEASE OR ANATOMICAL DEFECTS No
EARS: HEARING RT. WHISPERED VOICE /15' CONVERSATIONAL SPEECH 15 /15'
LT. WHISPERED VOICE /15' CONVERSATIONAL SPEECH 15 /15'
DISEASE OR DEFECTS N
NOSE Sput Rt. Septum
(Disease or anatomical defect, obstruction, etc. State degree)
SINUSES N

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS N

TEETH AND GUMS (disease or anatomical defect):

MISSING TEETH 1, 16, 32
NONVITAL TEETH _____
PERIAPICAL DISEASE _____
MARKED MALOCCLUSION _____
PYORRHEA ALVEOLARIS _____
TEETH REPLACED BY BRIDGES _____
DENTURES _____
REMARKS Diastema between #6-7, 8-9



S. A. Grady, Cdr. D.C. U.S.N.
(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE Good
TEMPERATURE N CHEST AT EXPIRATION 20 2 88 3 1/2
HEIGHT 69 CHEST AT INSPIRATION 38 1/2
WEIGHT 157 CIRCUMFERENCE OF ABDOMEN AT UMBILICUS 32
RECENT GAIN OR LOSS, AMOUNT AND CAUSE _____
SKIN, HAIR, AND GLANDS NCD-One solitary patch Psoriasis L. leg.
NECK (abnormalities, thyroid gland, trachea, larynx) N. 2 111 22 1.12

SPINE AND EXTREMITIES (bones, joints, muscles, feet) 1-1 Pes-Planus-asymptomatic-NCD

96 AUG 5 1952/13

THORAX (size, shape, movement, rib cage, mediastinum) N
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. N Xray Neg. #293806-1952

CARDIO-VASCULAR SYSTEM N
HEART (note all signs of cardiac involvement) N
ECG Normal

PULSE: BEFORE EXERCISE 86 BLOOD PRESSURE: SYSTOLIC 118
AFTER EXERCISE 96 DIASTOLIC 74
THREE MINUTES AFTER 84
CONDITION OF ARTERIES N CHARACTER OF PULSE Regular
CONDITION OF VEINS N HEMORRHOIDS Skin tag

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) N

GENITO-URINARY SYSTEM N
URINALYSIS: SP. GR. 1.025 ALB. N SUGAR N MICROSCOPICAL N
VENEREAL DISEASE No

NERVOUS SYSTEM N (organic or functional disorders)
ROMBERG Neg. INCOORDINATION (gait, speech) No
REFLEXES, SUPERFICIAL N DEEP (knee, ankle, elbow) N TREMORS No
SEROLOGICAL TESTS Kahn Neg. BLOOD TYPE "A2" RH Positive
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries)
→ Left cremasteric and abdominal not elicited.

SMALLPOX VACCINATION: DATE OF LAST VACCINATION _____
TYPHOID PROPHYLAXIS: NUMBER OF COURSES _____
DATE OF LAST COURSE _____
REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE
None

SUMMARY OF DEFECTS Psoriasis Pes Planus

CAPABLE OF PERFORMING DUTIES INVOLVING arduous PHYSICAL EXERTION
IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS Yes (yes or no)
(when no is given state cause) _____

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary) _____

DATE OF EXAMINATION July 15, 1952
EMPLOYEE'S INITIALS _____

E. B. Eveland

PORT OF MEDICAL EXAMIN

| | | | |
|--|--------------|---|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX, Paul Leslie | | 2. GRADE AND COMPONENT OR POSITION | 3. IDENTIFICATION NO. |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)
2101 Ingraham, Hyattsville, Md. | | 5. PURPOSE OF EXAMINATION
FBI | 6. DATE OF EXAMINATION
4/3/53 |
| 7. SEX
M | 8. RACE
W | 9. TOTAL YRS. GOVT. SERVICE
MILITARY CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE
Dept. of Justice |
| 11. ORGANIZATION UNIT
FBI | | 12. DATE OF BIRTH
9/6/06 | |
| 13. PLACE OF BIRTH
Richmond, Ind. | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
Ardell Cox, wife, 2101 Ingraham, Hyattsville, Md. | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | | 16. OTHER INFORMATION | |

| | | |
|-------------------------|------------------------------|-----------------|
| 17. RATING OR SPECIALTY | TIME IN THIS CAPACITY: TOTAL | LAST SIX MONTHS |
|-------------------------|------------------------------|-----------------|

| NORMAL | ABNOR-
MAL | CLINICAL EVALUATION
(Check each item in appropriate col-
umn; enter "N. E." if not evaluated) |
|--------|---------------|---|
| | | 18. HEAD, FACE, NECK, AND SCALP |
| X | | 19. NOSE |
| X | | 20. SINUSES |
| X | | 21. MOUTH AND THROAT |
| X | | 22. EARS—GENERAL (Int. & ext. canals) (Auditory
acuity under items 70 and 71) |
| X | | 23. DRUMS (Perforation) |
| X | | 24. EYES—GENERAL (Visual acuity and refraction
under items 69, 60, and 61) |
| X | | 25. OPHTHALMOSCOPIC |
| X | | 26. PUPILS (Equality and reaction) |
| X | | 27. OCULAR MOTILITY (Associated parallel move-
ments, nystagmus) |
| X | | 28. LUNGS AND CHEST (Include breasts) |
| X | | 29. HEART (Thrust, size, rhythm, sounds) |
| X | | 30. VASCULAR SYSTEM (Varicosities, etc.) |
| X | | 31. ABDOMEN AND VISCERA (Include hernia) |
| X | | 32. ANUS AND RECTUM (Hemorrhoids, fistulae)
(Prostate if indicated) |
| X | | 33. ENDOCRINE SYSTEM |
| X | | 34. G-U SYSTEM |
| X | | 35. UPPER EXTREMITIES (Strength, range of
motion) |
| X | | 36. FEET |
| | X | 37. LOWER EXTREMITIES (Excerpt feet)
(Strength, range of motion) |
| | | 38. SPINE, OTHER MUSCULOSKELETAL |
| | | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS |
| | | 40. SKIN, LYMPHATICS |
| | | 41. NEUROLOGIC (Equilibrium tests under item 72) |
| | | 42. PSYCHIATRIC (Specify any personality deviation) |

Prostate ok.

37. Scaly area left med. calf.

| | |
|--------------|--|
| Females only | (Check how done) |
| 43. PELVIC | ☐ VAGINAL ☐ RECTAL |

(Continue in item 73)

| | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|----|
| 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth X.—Missing teeth (8 X 8).—Fixed bridge, brackets to
I.—Nonrestorable teeth XXX.—Replaced by dentures include abutments | | | | | | | | | | | | | | | | REMARKS AND ADDITIONAL DENTAL DEFECTS AND
DISEASES | |
| R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L |
| 1 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | 16 | 15 |
| 207288-97 | | | | | | | | | | | | | | | | CL. 2 (HAG) | |

| | | | | | | | | |
|-------------------------------|-------|-------------|--|--|--|---|--|--|
| 45. URINALYSIS: SP. GR. 1.014 | | | 46. CHEST X-RAY (Place, date, film number, result)
Neg. | | | 47. SEROLOGY (Specify test used and result)
Neg. | | |
| ALBUMIN | SUGAR | MICROSCOPIC | | | | | | |
| N | N | N | | | | | | |
| 48. EKG
Normal | | | 49. BLOOD TYPE AND RH
FACTOR
"A" Rh + | | | 50. OTHER TESTS | | |

17 APR 22 1953

| MEASUREMENTS AND OTHER FINDINGS | | | | | | | | | | | |
|--|--|---|--|--|--|--------------------------------|--|--|--|------------------------------|--|
| 51. HEIGHT
69" | | 52. WEIGHT
161 | | 53. COLOR HAIR
Gray | | 54. COLOR EYES
Brown | | 55. BUILD:
— SLENDER MEDIUM HEAVY OBESE
☐ ☒ ☐ ☐ | | 56. TEMP.
98.8 | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | | | 58. PULSE (Arm at heart level) | | | | | |
| SITTING
SYS. 122
DIAS. 84 | | RECUM-
BENT
SYS.
DIAS. | | STANDING
(3 min.)
SYS.
DIAS. | | SITTING
78 | | AFTER EXERCISE
104 | | 2 MIN. AFTER
84 | |
| 59. DISTANT VISION | | 60. REFRACTION | | | | 61. NEAR VISION | | | | | |
| RIGHT 20/ 25
LEFT 20/ 20 | | CORR. TO 20/
CORR. TO 20/ | | BY S. CX
BY S. CX | | J2
J2 | | CORR. TO
CORR. TO | | J1 BY
J1 BY | |
| 62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD
N | | | | | | | | | | | |
| 63. ACCOMMODATION
RIGHT N LEFT N | | | | 64. COLOR VISION (Test used and result)
N | | | | 65. DEPTH PERCEPTION (Test used and score)
UNCORRECTED
CORRECTED | | | |
| 66. FIELD OF VISION | | | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS | | 69. INTRAOCULAR TENSION
N | |
| 70. HEARING | | 71. AUDIOMETER | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | | | |
| RIGHT WV 15/15 SV 20/15 | | 250 500 1000 2000 3000 4000 5000
250 512 1024 2048 4096 8192 | | | | | | | | | |
| LEFT WV 15/15 SV 20/15 | | RIGHT
LEFT | | | | | | | | | |
| | | | | | | | | | | | |
| 73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY | | | | | | | | | | | |

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

| | | | | | | | | | | | |
|--|--|--|--|--|--|------------------------------|----|----|----|---|---|
| 75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) | | | | | | 76. PHYSICAL PROFILE | | | | | |
| | | | | | | P | U | L | H | E | S |
| 77. EXAMINEE (Check)
☒ IS QUALIFIED FOR
☐ IS NOT QUALIFIED FOR
Strenuous duty and use of firearms. | | | | | | PHYSICAL CATEGORY | | | | | |
| | | | | | | A. | B. | C. | E. | | |
| 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER | | | | | | | | | | | |
| 79. TYPED OR PRINTED NAME OF PHYSICIAN | | | | | | SIGNATURE
s/J. A. Roberts | | | | | |
| 80. TYPED OR PRINTED NAME OF PHYSICIAN | | | | | | SIGNATURE | | | | | |
| 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) | | | | | | SIGNATURE | | | | | |
| 82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY | | | | | | SIGNATURE | | | | | |
| | | | | | | NUMBER OF ATTACHED SHEETS | | | | | |

U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON 25, D. C.

FORM APPROVED
BUDGET BUREAU NO. 50-R064

Prepared by
Checked by
Filed by:

NOTIFICATION OF PERSONNEL ACTION

| | | | | |
|---|---|---|--|---|
| 1. NAME (MR., MISS, MRS., FIRST, MIDDLE INITIAL, LAST)
Mr. Paul L. Cox
MR. PAUL L. COX | | 2. DATE OF BIRTH
9-6-06 | 3. JOURNAL OR ACTION NO.
F. B. I. 971
971 | 4. DATE
7-18-52 |
| This is to notify you of the following action affecting your employment: | | | | |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)
PROMOTION | | 6. EFFECTIVE DATE
7-20-52 | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
Schedule A Part 6, 103 (a) (2) | |
| FROM | | TO | | |
| Special Agent

GS 13
\$5360 per annum | | GS 14
\$5796.00 per annum | | |
| 8. POSITION TITLE | | 9. SERVICE, GRADE, SALARY | | |
| 10. ORGANIZATIONAL DESIGNATIONS | | 11. HEADQUARTERS | | |
| 12. FIELD OR DEPT'L | | 12. FIELD OR DEPT'L | | |
| 13. VETERAN'S PREFERENCE | | 14. POSITION CLASSIFICATION ACTION | | |
| NONE ☐ 5 PT. ☐ 10 POINT ☐ WWII ☐ WWI ☐ OTHER ☐
DISAB. ☐ WIFE ☐ WIDOW ☐ | | NEW ☐ VICE ☐ I. A. ☐ REAL ☐ | | |
| 15. SEX ☒ M ☐ F | 16. RACE ☒ W ☐ O | 17. APPROPRIATION S. & E., FBI
FROM:
TO: | | 18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)
☒ YES ☐ NO |
| 19. DATE OF OATH (ACCESSIONS ONLY) | | 20. LEGAL RESIDENCE | | |
| REMARKS | | | | |
| <p>On the provisions of the Universal Military Training and Service Act of 1941 have been complied with.</p> <p>This promotion is temporary in accordance with Public Law 4843, approved 9-27-50. The classification grade of this position is subject to post-audit and correction pursuant to Section 1310 of the Supplemental Appropriation Act, 1952 - Public Law 4255, approved 11-1-51.</p> <p>From changed to perm. action on 11-1-51</p> <p>31 JUL 24 1952</p> | | | | |
| SIGNATURE OR OTHER AUTHENTICATION | | | | |

REPORT OF MEDICAL EXAMINATION

| | | | | | | | | | |
|---|--|--------------------------------------|---|--|----------------------------------|--|--|------------------------------|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX, PAUL LESLIE | | | 2. GRADE AND COMPONENT OR POSITION | | 3. IDENTIFICATION NO. | | | | |
| 4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State)
2101 Ingraham St., Hyattsville, Md. | | | 5. PURPOSE OF EXAMINATION
General Physical | | 6. DATE OF EXAMINATION
4-8-54 | | | | |
| 7. SEX
M | | 8. RACE
W | | 9. TOTAL YRS. GOVT. SERVICE
MILITARY
13
CIVILIAN | | 10. DEPARTMENT, AGENCY, OR SERVICE
Dept. of Justice | | 11. ORGANIZATION UNIT
FBI | |
| 12. DATE OF BIRTH
9-6-06 | | 13. PLACE OF BIRTH
Richmond, Ind. | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
Ardell L. Cox-- wife | | | | | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
Walter Reed | | | | | 16. OTHER INFORMATION | | | | |

| | | | | | |
|-------------------------|--|---|--|-----------------|--|
| 17. RATING OR SPECIALTY | | TIME IN THIS CAPACITY: TOTAL | | LAST SIX MONTHS | |
| CLINICAL EVALUATION | | NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.) | | | |

| | | |
|--------------|---------------|---|
| NORMAL | ABNOR-
MAL | (Check each item in appropriate column; enter "N. E." if not evaluated) |
| X | | 18. HEAD, FACE, NECK, AND SCALP |
| X | | 19. NOSE |
| X | | 20. SINUSES |
| X | | 21. MOUTH AND THROAT |
| X | | 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) |
| X | | 23. DRUMS (Perforation) |
| X | | 24. EYES—GENERAL (Visual acuity and refraction under items 49, 50, and 51) |
| X | | 25. OPHTHALMOSCOPIC |
| X | | 26. PUPILS (Equality and reaction) |
| X | | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) |
| X | | 28. LUNGS AND CHEST (Include breasts) |
| X | | 29. HEART (Thrust, size, rhythm, sounds) |
| X | | 30. VASCULAR SYSTEM (Varicosities, etc.) |
| X | | 31. ABDOMEN AND VISCERA (Include hernia) |
| X | | 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated) |
| X | | 33. ENDOCRINE SYSTEM |
| X | | 34. G-U SYSTEM |
| X | | 35. UPPER EXTREMITIES (Strength, range of motion) |
| X | | 36. FEET |
| X | | 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) |
| X | | 38. SPINE, OTHER MUSCULOSKELETAL |
| X | | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS |
| X | | 40. SKIN, LYMPHATICS |
| X | | 41. NEUROLOGIC (Equilibrium tests under item 72) |
| X | | 42. PSYCHIATRIC (Specify any personality deviation) |
| Females only | | (Check how done) |
| | | 43. PELVIC ☐ VAGINAL ☐ RECTAL |

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth X.—Missing teeth (6 X 8).—Fixed bridge, brackets to include abutments
I.—Nonrestorable teeth XXX.—Replaced by dentures

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

LABORATORY FINDINGS

| | | | |
|-------------------------------|------------|--|---------------------------------------|
| 45. URINALYSIS: SP. GR. 1.021 | | 46. CHEST X-RAY (Place, date, film number, result)
NEGATIVE | |
| ALBUMIN
N | SUGAR
N | MICROSCOPIC
N | 49. BLOOD TYPE AND RH FACTOR
A POS |
| 48. EKG
ECG-normal | | 50. OTHER TESTS | |

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

C1 2
Calculus slight

67-207288-102

Searched B. 112

Numbered 112

47. SEROLOGY (Specify test used and result)

1 NEGATIVE 1954

FEDERAL BUREAU OF INVESTIGATION

89 MAY 19 1954

16-0233-1

MAY 17 1954

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|--|--------------|--|--------------|--------------------------------|--|---|--|--|------------|--------------|--------------|--------------|--------------|--------------|--|-------|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|
| 51. HEIGHT
69 $\frac{1}{4}$ | | 52. WEIGHT
158 | | 53. COLOR HAIR
Grey | | 54. COLOR EYES
Brown | | 55. BUILD:
SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐ | | 56. TEMP. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | | | 58. PULSE (Arm at heart level) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITTING
SYS. 118
DIAS. 80 | | RECUM-
BENT
SYS.
DIAS. | | STANDING
(3 min.)
SYS.
DIAS. | | SITTING
84 | | AFTER EXERCISE | | 2 MIN. AFTER | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59. DISTANT VISION | | 60. REFRACTION | | 61. NEAR VISION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT 20/ 20 CORR. TO 20/ | | BY S. CX | | J-1 CORR. TO BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT 20/ 20 CORR. TO 20/ | | BY S. CX | | J-1 CORR. TO BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63. ACCOMMODATION
RIGHT N LEFT N | | | | 64. COLOR VISION (Test used and result)
Pseudo Isochromatic | | | | 65. DEPTH PERCEPTION (Test used and score)
UNCORRECTED
CORRECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66. FIELD OF VISION
N | | | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69. INTRAOCULAR TENSION
N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70. HEARING | | 71. AUDIOMETER | | | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT WV 15 /15 SV 20 /15 | | <table border="1"> <tr> <td>250
250</td> <td>500
518</td> <td>1000
1024</td> <td>2000
2018</td> <td>3000
2828</td> <td>4000
4028</td> <td>5000
5198</td> <td></td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | 250
250 | 500
518 | 1000
1024 | 2000
2018 | 3000
2828 | 4000
4028 | 5000
5198 | | RIGHT | | | | | | | | LEFT | | | | | | | | | |
| 250
250 | 500
518 | 1000
1024 | 2000
2018 | 3000
2828 | 4000
4028 | 5000
5198 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT WV 15 /15 SV 20 /15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)



IS

QUALIFIED FOR



IS NOT

strenuous physical exertion and use of
firearms.

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

s/ J. E. Bryant, Jr.

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF AT-
TACHED SHEETS

ATTACHMENT TO STANDARD FORM 88
(Revised July 21, 1952)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

| | |
|----|-------------------|
| 2 | 67 |
| 3 | 68 |
| 11 | 69 |
| 14 | 71 (unless other |
| 17 | examination indi- |
| 62 | cates desirable) |
| 65 | 72 |

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee *m* qualified for strenuous physical
(is or is not)
exertion. (Designate which)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

 No
If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

 [Signature]
(Signature of Medical Examiner)

 10 May 54
(Date)

ENCLOSURE 67-20 7277-102

| | | | | | | | | | | |
|--|-----------------------------------|---------------------|---------------------|---|--|----------------------|--------------|---|---|---------|
| 1. Agency and organizational designations
U.S. Department of Justice
Federal Bureau of Investigation | | | | | 2. Pay roll code | | 3. Block No. | | 4. Slip No.
<div style="text-align: right; font-weight: bold;">11555</div> | |
| 5. Employee's name (and social security account number when appropriate)
<div style="font-weight: bold;">12. PAUL L. COX</div> | | | | | 6. Grade and salary
<div style="font-weight: bold;">SA GS 14 \$9600</div> | | | | | |
| PAY ROLL CHANGE DATA | | | | | | | | | | |
| | BASE PAY | OVERTIME | | GROSS PAY | RET. | TAX | BOND | F. I. C. A. | | NET PAY |
| 7. Previous normal | | | | | | | | | | |
| 8. New normal | | | | | | | | | | |
| 9. Pay this period | | | | | | | | | | |
| 10. Remarks: | | | | | | 11. Appropriation(s) | | 12. Prepared by
<div style="font-size: 2em; font-weight: bold;">68</div> | | |
| | | | | | | | | 13. Audited by | | |
| <div style="display: flex; justify-content: space-between;"> ☒ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase </div> | | | | | | | | | | |
| 14. Effective date | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate | 18. Performance rating is satisfactory or better. | | | | | | |
| 1-17-54 | 7-20-52 | \$9600 | \$9800 | (Signature or other authentication) | | | | | | |
| 19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):
Period(s): | | | | (Check applicable box in case of excess LWOP)
☒ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period. | | | | | | |
| ☐ No excess LWOP. Total excess LWOP | | | | <div style="font-size: 2em; font-weight: bold;">68 DEC 31 1953</div> <div style="text-align: right;">Initials of Clerk</div> | | | | | | |
| STANDARD FORM NO. 1126d—Revised
Form prescribed by Comp. Gen., U. S.
Nov. 8, 1950, General Regulations No. 102 | | | | | | | | | | |
| PAY ROLL CHANGE SLIP—PERSONNEL COPY | | | | | | | | | | |

July 30, 1954

~~Personal and Confidential~~

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

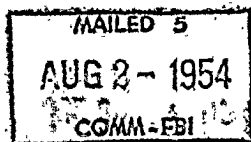
The splendid results which have been achieved in the field in the Summary Report Program just completed have given me a great deal of satisfaction and should be a source of much pride on your part.

As supervisor at the Seat of Government you were responsible in no small measure for its excellent handling in the field. It is evident you are genuinely interested in discharging your responsibilities as effectively as possible and I am taking this means of expressing to you my gratification and commendation.

Sincerely yours,
J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Glavin _____
Harbo _____
Rosen _____
Tamm _____
Tracy _____
Mohr _____
Winterrowd _____
Tele. Room _____
Holloman _____
Miss Gandy _____



RECEIVED - DIRECTOR

February 7, 1955

~~Personal and Confidential~~

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

I am taking this means to express to you my sincere appreciation for the splendid manner in which you have served as an instructor of In-Service classes.

Your excellent presentation of your material, as well as the enthusiasm you have exhibited in this regard, is indicative of your keen interest in your work and your awareness of the importance of these classes to the Bureau's work. It is a pleasure to commend you for the high calibre of your performance.

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

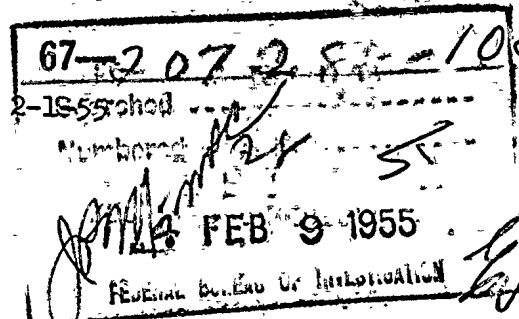
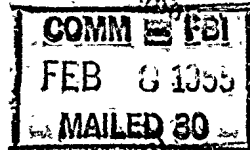
LRH:dlw

67-207288-105

(4)

Memo from Mr. Gearty to Mr. Harbo 2-18-55

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
 Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____



55 FEB 10 1955

REPORT OF MEDICAL EXAMINATION

| | | | | | |
|---|---------------------|--|------------------------------------|--|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX, PAUL LESLIE | | 2. GRADE AND COMPONENT OR POSITION
SPECIAL AGENT | | 3. IDENTIFICATION NO. | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)
2101 INGRAHAM ST., HYATTSVILLE, MD. | | 5. PURPOSE OF EXAMINATION
ANNUAL | | 6. DATE OF EXAMINATION
APR 13, 1955 | |
| 7. SEX
M | 8. RACE
W | 9. TOTAL YRS. GOVT. SERVICE
MILITARY
CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE | 11. ORGANIZATION UNIT | |
| 12. DATE OF BIRTH
9-6-06 | | 13. PLACE OF BIRTH
RICHMOND, INDIANA | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | |
| 15. EXAMINING FACILITY OR EXAMINER AND ADDRESS
N.N.M.C. | | | 16. OTHER INFORMATION | | |

| 17. RATING OR SPECIALTY | | TIME IN THIS CAPACITY: TOTAL | LAST SIX MONTHS |
|----------------------------|----------|--|----------------------------|
| CLINICAL EVALUATION | | NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.) | |
| NORMAL | ABNORMAL | (Check each item in appropriate column; enter "N.E." if not evaluated) | |
| X | | 18. HEAD, FACE, NECK, AND SCALP | |
| X | | 19. NOSE | |
| X | | 20. SINUSES | |
| X | | 21. MOUTH AND THROAT | |
| X | | 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) | |
| X | | 23. DRUMS (Perforation) | |
| X | | 24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61) | |
| X | | 25. OPHTHALMOSCOPIC | |
| X | | 26. PUPILS (Equality and reaction) | |
| X | | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) | |
| X | | 28. LUNGS AND CHEST (Include breasts) | |
| X | | 29. HEART (Thrust, size, rhythm, sounds) | |
| X | | 30. VASCULAR SYSTEM (Varicosities, etc.) | |
| X | | 31. ABDOMEN AND VISCERA (Include hernia) | |
| | X | 32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate if indicated) | 32. Asymp. tags. |
| X | | 33. ENDOCRINE SYSTEM | |
| X | | 34. G-U SYSTEM | |
| X | | 35. UPPER EXTREMITIES (Strength, range of motion) | |
| X | | 36. FEET | |
| X | | 37. LOWER EXTREMITIES (Except feet) (Strength range of motion) | |
| X | | 38. SPINE, OTHER MUSCULOSKELETAL | |
| | X | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | 39. As Before |
| | X | 40. SKIN, LYMPHATICS | 40. Neurodermatitis - legs |
| X | | 41. NEUROLOGIC (Equilibrium tests under item 72) | |
| N | | 42. PSYCHIATRIC (Specify any personality deviation) | |
| Females only | | (Check how done) | |
| | | 43. PELVIC ☐ VAGINAL ☐ RECTAL | |

(Continue in item 73)

| | | | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|--|----|----|----|----|----|----|-------------|--|--|
| 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
<div style="display: flex; justify-content: space-between; font-size: small;"> O.—Restorable teeth X—Missing teeth (6 X 8).—Fixed bridge, brackets to include abutments. </div> <div style="display: flex; justify-content: space-between; font-size: small;"> I.—Nonrestorable teeth XXX.—Replaced by dentures. </div> | | | | | | | | | | | | | | | | | | REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Two small exostosis on facial ridge #3&5
Calculus. | |
| R
I
G
H
T | X | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L
E
F | | |
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | | | | |
| LABORATORY FINDINGS | | | | | | | | | | | | | | | | | | | |
| 45. URINALYSIS: SP. GR: 1.004
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> ALBUMIN
NEG </div> <div style="width: 30%;"> SUGAR
NEG </div> <div style="width: 30%;"> MICROSCOPIC
NEG </div> </div> | | | | | | | | | | 46. CHEST X-RAY (Place date, film number, result)
NEGATIVE 43338 | | | | | | | | | |
| 48. EKG
NORMAL | | | | | | | | | | 49. BLOOD TYPE AND RH FACTOR | | | | | | | | | |
| 50. OTHER TESTS | | | | | | | | | | 51. SEROLOGY (Specify test used and result).
KAHN - NEG. | | | | | | | | | |
| <div style="border: 2px solid black; padding: 10px; display: inline-block;"> 6 APR 27 1955
 FEDERAL BUREAU OF INVESTIGATION </div> | | | | | | | | | | | | | | | | | | | |

18 MAY 5 1955

16-62289-

APR 26 1955

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | | |
|--|--|---|--|-------------------------------|--|---|--|---|--|-----------|--|
| 51. HEIGHT
69½ | | 52. WEIGHT
159½ | | 53. COLOR HAIR
Grey | | 54. COLOR EYES
Brown | | 55. BUILD:
SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐ | | 56. TEMP. | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | | | 58. PULSE (Arm at heart level) | | | | | |
| SITTING
SYS. 106
DIAS. 72 | | RECUM. BENT
SYS.
DIAS. | | STANDING
(3 min.)
DIAS. | | AFTER EXERCISE | | 2 MIN. AFTER | | RECUMBENT | |
| 59. DISTANT VISION: | | 60. REFRACTION | | 61. NEAR VISION | | AFTER EXERCISE | | 2 MIN. AFTER | | RECUMBENT | |
| RIGHT 20/ 20 CORR. TO 20/ | | BY REC'D PERSONNEL SECTION | | CORR. TO | | BY | | CORR. TO | | BY | |
| LEFT 20/ 20 CORR. TO 20/ | | BY S. CX | | CORR. TO | | BY | | CORR. TO | | BY | |
| 62. HETEROPHORIA:
(Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD | | | | | | | | | | | |
| 63. ACCOMMODATION
RIGHT LEFT | | 64. COLOR VISION (Test used and result)
AOC 1940 18/18 | | | | 65. DEPTH PERCEPTION
(Test used and score) | | UNCORRECTED
CORRECTED | | | |
| 66. FIELD OF VISION | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS | | 69. INTRAOCULAR TENSION | | | |
| 70. HEARING | | 71. AUDIOMETER | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | | | |
| RIGHT WV 15 /15 SV 15 /15 | | 250 250 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6192 | | | | | | | | | |
| LEFT WV 15 /15 SV 15 /15 | | RIGHT | | | | | | | | | |
| | | LEFT | | | | | | | | | |
| 73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY | | | | | | | | | | | |

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. PHYSICAL PROFILE

| P | U | L | H | E | S |
|---|---|---|---|---|---|
| | | | | | |

77. EXAMINEE (Check)



IS



IS NOT

QUALIFIED FOR

Strenuous physical exertion and use of firearms

PHYSICAL CATEGORY

| A | B | C | E |
|---|---|---|---|
| | | | |

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

/s/ N.P. Aspen

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

/s/ A.T. Smith

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF AT-
TACHED SHEETS

ATTACHMENT TO STANDARD FORM 88
(Revised July 21, 1952)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

| | |
|----|-------------------|
| 2 | 67 |
| 3 | 68 |
| 11 | 69 |
| 14 | 71 (unless other |
| 17 | examination indi- |
| 62 | cates desirable) |
| 65 | 72 |

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee is qualified for strenuous physical
(is or is not)
exertion. (Designate which)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

No
If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

Nelson B. Usken
(Signature of Medical Examiner)

20 April 55
(Date)

ENCLOSURE 67-207258-108

June 22, 1955

~~Personal and Confidential~~

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

It is a pleasure to advise you
of my appreciation for your capable par-
ticipation in the recent Operation Alert.

I am aware that the success of
this operation was due to your wholehearted
spirit of cooperation, as well as the good
judgment and diligence you exercised in the
discharge of your assignments. It is a
pleasure to commend you for your part in
this undertaking.

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont. (Personal Attention)

LRH:tlw²
(4)

Based on memo Harbo. to Tolson 6/17/55

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
 Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____

26 JUN 28 1955

RECORDED - 143

7 PM/49

U. S. DEPT. OF JUSTICE
RECEIVED READING ROOM
JUN 22 4 28 PM '55
62-110
Searched _____
Numbered _____
2 JUN 28 1955
FEDERAL BUREAU OF INVESTIGATION

June 30, 1955

~~Personal and Confidential~~

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

Your splendid participation in
the recent Inspectors' Conference is note-
worthy and deserving of praise.

It is evident from the very capable
manner in which you discussed certain phases
of security investigations that you devoted
considerable time, effort and forethought to
the preparation of your discussion. I want
to personally commend you for the valuable
service you have rendered in this instance.

Sincerely yours,
J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

Mr. Harbo - For information only.

LRH:ilw
67-207288
(5)

RECORDED - 143

Based on memo Harbo to Tolson 6/24/55

67-207288-112

SEARCHED INDEXED
SERIALIZED FILED
JUL 6 1955
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
 Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____

MAILED 8

JUL - 1 1955

COMM - FBI

55 JUL 8 1955

JUL 6 1955
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

November 17, 1955

~~Personal and Confidential~~

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

You handled your particular duties in connection with an important special project recently completed in the Domestic Intelligence Division with a high degree of interest and competence, and I am writing to commend you.

As one of the supervisors who directed and participated in the initiation and carrying out of the project, you deserve special recognition and credit for its successful conclusion. I certainly appreciate the ability you manifested in this complicated assignment.

Sincerely yours,

J. Edgar Hoover

CC: Mr. Belmont (Personal Attention)

MOL:jsf
67-207288
(4)

Based on memo. Edwards to Mohr 11/9/55

SA Cox participated in handling and supervision of the Security Index Review project in Domestic Intelligence Division.

53 NOV-28 1955

NOV 17 5 16 PM '55
RECEIVED READING ROOM
FBI

67-207288-116

CRD:mj/rmr

COMM - FBI
NOV 18 1955
MAILED 30

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
 Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____

IN 23, AT 10:11

RECORDED - 141
FEDERAL BUREAU OF INVESTIGATION
ST
CRD

| | | | | | | | | | | |
|---|--|-------------------------------|---------------------------------|--|---------------------------------------|-----|--------------|-------------------------------|----------------------|--|
| 1. Agency and organizational designations
U.S. Department of Justice
Federal Bureau of Investigation | | | | | 2. Payroll period | | 3. Block No. | | 4. Slip No.
30797 | |
| 5. Employee's name (and social security account number when appropriate)
LAW ENFORCEMENT 11910 2181 SA | | | | | 6. Grade and salary
GS 14, \$10,00 | | | | | |
| PAY ROLL CHANGE DATA | | | | | | | | | | |
| BASE PAY | | OVERTIME | GROSS PAY | | RET. | TAX | BOND | F. I. C. A. | NET PAY | |
| Previous normal | | | | | | | | | | |
| New normal | | | | | | | | | | |
| Pay this period | | | | | | | | | | |
| 10. Remarks: | | | | | 11. Appropriation(s) | | | 12. Prepared by | | |
| | | | | | | | | 13. Audited by
<i>File</i> | | |
| ☒ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase | | | | | | | | | | |
| 14. Effective date
7-17-55 | 15. Date last equivalent increase
1-17-54 | 16. Old salary rate
\$9500 | 17. New salary rate
\$10,000 | 18. Performance rating is satisfactory or better.
<i>EXCELLENT</i>
(Signature or other authentication) | | | | | | |
| 19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):
Period(s):
☒ No excess LWOP. Total excess LWOP | | | | (Check applicable box in case of excess LWOP)
☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period. | | | | | | |
| | | | | <i>Direct</i> Initials of Clerk | | | | | | |
| STANDARD FORM NO. 1126d—Revised
Form prescribed by Comp. Gen., U. S.
Nov. 8, 1950, General Regulations No. 102 | | | | | | | | | | |

40 SEP 15 1955

PAY ROLL CHANGE SLIP—PERSONNEL COPY

December 13, 1955

~~Personal and Confidential~~

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

The favorable results achieved in the recent alert test are most gratifying, and I wish to express my commendation for your capable participation.

You performed most efficiently under unusual conditions and may certainly take pride in the knowledge you contributed to the operation. I appreciate very much the services you rendered in this respect.

Sincerely yours,
J. Edgar Hoover

CC: Mr. Belmont (Personal Attention)

MOL:jsp
67-207288
(4)

Based on memo Belmont to The Director: 12/8/55 CEH:LL.

Tolson _____
Boardman _____
Nichols _____
Belmont _____
Harbo _____
Mohr _____
Parsons _____
Rosen _____
Tamm _____
 Sizoo _____
Winterrowd _____
Tele. Room _____
Holloman _____
Gandy _____

MAILED 6
DEC 14 1955
COMM-FBI

67-207288-117
RECEIVED
DEC 16 1955

56
67 DEC 19 1955

Ph.

Entered on card 4-13-56 *W. J. Jones*

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--anal tags NCD
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678207288-119
Searched 57
Numbered 30

22
RECORDED 149

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----|--|------|---|------|------------------------------------|--|---|--|--|-----|------|------|------|------|------|-----|-----|------|------|------|------|------|-------|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|
| 51. HEIGHT
69 | | 52. WEIGHT
161 | | 53. COLOR HAIR
Grey | | 54. COLOR EYES
Brown | | 55. BUILD:
SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐ | | 56. TEMP. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | | | 58. PULSE (Arm at heart level) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITTING | | SYS. 114
DIAS. 70 | | RECUM. BENT
SYS.
DIAS. | | STANDING (3 min.)
SYS.
DIAS. | | SITTING
84 | | AFTER EXERCISE
2 MIN. AFTER
RECUMBENT
AFTER STANDING 3 MIN. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59. DISTANT VISION | | | | | | 60. REFRACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT 20/ 25 | | CORR. TO 20/ 20 | | BY P.H. S. | | CX | | 61. 0.62M | | NEAR VISION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT 20/ 25 | | CORR. TO 20/ 20 | | BY P.H. S. | | CX | | 20.10 | | CORR. TO BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT 20/ 25 | | CORR. TO 20/ 20 | | BY P.H. S. | | CX | | 20.10 | | CORR. TO BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62. HETEROPHORIA:
(Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63. ACCOMMODATION
RIGHT LEFT | | | | 64. COLOR VISION (Test used and result)
AOC 1940 18/18 | | | | 65. DEPTH PERCEPTION
(Test used and score).
UNCORRECTED
CORRECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66. FIELD OF VISION | | | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69. INTRAOCULAR TENSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70. HEARING | | 71. AUDIOMETER | | | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT WV 15 7/15 SV 15 7/15 | | <table border="1"> <tr> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>8000</td> </tr> <tr> <td>258</td> <td>512</td> <td>1024</td> <td>2048</td> <td>3072</td> <td>4096</td> <td>8192</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | 250 | 500 | 1000 | 2000 | 3000 | 4000 | 8000 | 258 | 512 | 1024 | 2048 | 3072 | 4096 | 8192 | RIGHT | | | | | | | LEFT | | | | | | | | |
| 250 | 500 | 1000 | 2000 | 3000 | 4000 | 8000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 258 | 512 | 1024 | 2048 | 3072 | 4096 | 8192 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

32. Anal tags NCD
59. Decreased visual acuity NCD

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. PHYSICAL PROFILE

| | | | | | |
|---|---|---|---|---|---|
| P | U | L | H | E | S |
| | | | | | |

77. EXAMINEE (Check) ☒ IS QUALIFIED FOR strenuous physical exertion and use of firearms.
☐ IS NOT

PHYSICAL CATEGORY

| | | | |
|---|---|---|---|
| A | B | C | E |
| | | | |

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

G. R. JOHNSTON, CAPT, MC, USN

SIGNATURE

/s/ G. R. Johnston

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

/s/ H. H. Scofield

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

ATTACHMENT TO STANDARD FORM 88
(Revised December 5, 1955)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

| | |
|----|--|
| 2 | 67 |
| 3 | 68 |
| 11 | 69 |
| 14 | 71 (Item 71, audiometer examinations, |
| 17 | should be afforded whenever possible.) |
| 62 | |
| 65 | 72 |

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X-ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee is qualified for strenuous physical exertion. (Designate which)
(is or is not)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms? Does examinee have any defects prohibiting safe operation of motor vehicles?

No
If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

GR Johnston
(Signature of Medical Examiner)

APR 10 1956
(Date)

Cox, P.L.

ENCLOSURE

67-207285-119

b

a

July 26, 1956

~~Personal and Confidential~~

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Jul 26 2 19 PM '56
RECEIVED READING ROOM
FBI
U.S. DEPT. OF JUSTICE

Dear Mr. Cox:

You are deserving of recognition and commendation for the excellent manner in which you participated in the recent Operation Alert.

I want you to know I sincerely appreciate the capable way in which you handled your assignments, demonstrating real interest and enthusiasm during this important exercise.

Sincerely yours,

J. Edgar Hoover

CC: Mr. Belmont (Personal Attention)

MOL:hwc
67-207288
(4)

Based on memo Belmont to Mohr 7/26/56 AHB:11

67-207 248-121
106

- Tolson _____
- Nichols _____
- Boardman _____
- Belmont _____
- Mason _____
- Mohr _____
- Parsons _____
- Rosen _____
- Tamm _____
- Nease _____
- Winterrowd _____
- Tele. Room _____
- Holloman _____
- Gandy _____

MAILED 12
JUL 26 1956
COMM-FBI

Handwritten signatures and initials, including "HLE/aw" and a large signature.

REPORT OF MEDICAL EXAMINATION

| | | | |
|---|-------------------------|--|---|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
Cox, Paul L. | | 2. GRADE AND COMPONENT OR POSITION
Special Agent | 3. IDENTIFICATION NO. |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | 5. PURPOSE OF EXAMINATION
Annual | 6. DATE OF EXAMINATION
Apr 3 1957 |
| 7. SEX
M | 8. RACE
White | 9. TOTAL YRS. GOVT. SERVICE
MILITARY CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE |
| 11. ORGANIZATION UNIT | | 12. DATE OF BIRTH
9-6-06 | |
| 13. PLACE OF BIRTH
Indiana | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
Bethesda | | 16. OTHER INFORMATION | |

| | | |
|---|------------------------------|-----------------|
| 17. RATING OR SPECIALTY | TIME IN THIS CAPACITY: TOTAL | LAST SIX MONTHS |
| NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.) | | |

| CLINICAL EVALUATION | |
|--------------------------------|---|
| NORMAL | ABNORMAL |
| | (Check each item in appropriate column; enter "N. E." if not evaluated) |
| | 18. HEAD, FACE, NECK, AND SCALP |
| | 19. NOSE |
| | 20. SINUSES |
| | 21. MOUTH AND THROAT |
| | 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) |
| | 23. DRUMS (Perforation) |
| | 24. EYES—GENERAL (Visual acuity and refraction under items 60, 60, and 61) |
| NE | 25. OPHTHALMOSCOPIC |
| | 26. PUPILS (Equality and reaction) |
| | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) |
| | 28. LUNGS AND CHEST (Include breasts) |
| | 29. HEART (Thrust, size, rhythm, sounds) |
| | 30. VASCULAR SYSTEM (Varicosities, etc.) |
| | 31. ABDOMEN AND VISCERA (Include hernia) |
| | 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated) |
| | 33. ENDOCRINE SYSTEM |
| | 34. G-U SYSTEM |
| | 35. UPPER EXTREMITIES (Strength, range of motion) |
| | 36. FEET |
| | 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) |
| | 38. SPINE, OTHER MUSCULOSKELETAL |
| | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS |
| | 40. SKIN, LYMPHATICS |
| | 41. NEUROLOGIC (Equilibrium tests under item 72) |
| | 42. PSYCHIATRIC (Specify any personality deviation) |
| Females only (Check how done): | |
| | 43. PELVIC ☐ VAGINAL ☐ RECTAL |

139
ENCLOSURE

(Continue in item 73)

| | |
|--|--|
| 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively) | REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES |
| O.—Restorable teeth
I.—Nonrestorable teeth
X.—Missing teeth
XXX.—Replaced by dentures
(6 X 8).—Fixed bridge, brackets to include abutments | |

| | | | | | | | | | | | | | | | | | |
|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------------------|
| R | X | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | K | Meets Dental Standards |
| H | | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | |

| | | | |
|--------------------------------------|----------------------|---|---|
| 45. URINALYSIS: SP. GR. 1.005 | | 46. CHEST X-RAY (Place date, film number, result) | 47. SEROLOGY (Specify test used and result) |
| ALBUMIN
Neg. | SUGAR
Neg. | MICROSCOPIC
Negative | Kahn, Negative |
| 48. EKG
Normal | | 49. BLOOD TYPE AND RH FACTOR | 50. OTHER TESTS |
| | | | APR 17 1957 |

MEASUREMENTS AND OTHER FINDINGS

(Use additional sheets of plain paper if necessary)

GOVERNMENT PRINTING OFFICE: 1953-O-243413 16-62268-1

ATTACHMENT TO STANDARD FORM 88
(Revised July 25, 1956)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

| | |
|----|---|
| 2 | 67 |
| 3 | 68 |
| 11 | 69 |
| 14 | 71 (Item 71, audiometer examinations,
should be afforded whenever possible.) |
| 17 | |
| 62 | |
| 65 | 72 |

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X-ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee AS qualified for strenuous physical exertion. (Designate which)
(is or is not)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms? ☐ Yes ☒ No

2. Does examinee have any defects prohibiting safe operation of motor vehicles?
☐ Yes ☒ No

If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

G. R. Johnston
(Signature of Medical Examiner)

APR 10 1957

(Date)

PC
Cox, P.L.

1
67-207288-125

| | | | |
|---|--|-------------------------|-----------------------------|
| 1. Agency and organizational designations
FBI, U. S. Dept. of Justice | 2. Pay period
[Blank] | 3. Block No.
[Blank] | 4. Slip No.
14513 |
| 5. Employee's name (and social security account number when appropriate)
MR. PAUL L. COX SA 11910 | 6. Grade and salary
GS 11 \$10,965 | | |

PAY ROLL CHANGE DATA

| | BASE PAY | OVERTIME | GROSS PAY | RET. | TAX | BOND | F. I. C. A. | NET PAY |
|----------------------|----------|----------|-----------|------|-----|------------------------------|-------------|-------------------------|
| 7. Previous normal | | | | | | | | |
| 8. New normal | | | | | | | | |
| 9. Pay this period | | | | | | | | |
| 10. Remarks:

 | | | | | | 11. Appropriation(s)

 | | 12. Prepared by

 |
| | | | | | | | | 13. Audited by

 |

| | | | | |
|--|--|--|--|--|
| ☒ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase | | | | |
| 14. Effective date
1-13-57 | 15. Date last equivalent
7-17-55 | 16. Old salary rate
\$10,750 | 17. New salary rate
\$10,965 | 18. Performance rating is satisfactory or better.

<div style="text-align: right;">
 (Signature or other authentication) </div> |
| 19. LWOP data (Fill in appropriate spaces covering LWOP during following period(s))
Period(s):
☒ No excess LWOP. Total excess LWOP _____ | | | | (Check applicable box in case of excess LWOP)
☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period. |

REPORT OF MEDICAL EXAMINATION

| | | | | | |
|---|------------------|---|------------------------------------|--|-----------------------|
| 1. LAST NAME—FIRST NAME (Type or print) Cor, Paul Leslie | | 2. GRADE AND COMPONENT OR POSITION FBI S. A. | | 3. IDENTIFICATION NO. | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | 5. PURPOSE OF EXAMINATION Annual. | | 6. DATE OF EXAMINATION Apr. 4, 1958 | |
| 7. SEX M | 8. RACE W | 9. TOTAL YRS. GOVT. SERVICE
MILITARY
CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE | | 11. ORGANIZATION UNIT |
| 12. DATE OF BIRTH 9-6-06 | | 13. PLACE OF BIRTH Indiana | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
N. N. M. C. | | | 16. OTHER INFORMATION | | |

| 17. RATING OR SPECIALTY | | TIME IN THIS CAPACITY: TOTAL | | LAST SIX MONTHS | |
|--|-----------|---|--|-----------------|--|
| CLINICAL EVALUATION
(Check each item in appropriate column: enter "N. E." if not evaluated) | | NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.) | | | |
| NORMAL | ABNORMAL | | | | |
| | | 18. HEAD, FACE, NECK, AND SCALP | | | |
| | | 19. NOSE | | | |
| | | 20. SINUSES | | | |
| | | 21. MOUTH AND THROAT | | | |
| | | 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) | | | |
| | | 23. DRUMS (Perforation) | | | |
| | | 24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61) | | | |
| | NE | 25. OPHTHALMOSCOPIC | | | |
| | | 26. PUPILS (Equality and reaction) | | | |
| | | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) | | | |
| | | 28. LUNGS AND CHEST (Include breasts) | | | |
| | | 29. HEART (Thrust, size, rhythm, sounds) | | | |
| | | 30. VASCULAR SYSTEM (Varicosities, etc.) | | | |
| | | 31. ABDOMEN AND VISCERA (Include hernia) | | | |
| | | 32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate if indicated) | | | |
| | | 33. ENDOCRINE SYSTEM | | | |
| | | 34. G-U SYSTEM | | | |
| | | 35. UPPER EXTREMITIES (Strength, range of motion) | | | |
| | | 36. FEET | | | |
| | | 37. LOWER EXTREMITIES (Except feet) (Strength range of motion) | | | |
| | | 38. SPINE, OTHER MUSCULOSKELETAL | | | |
| | | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | | | |
| | | 40. SKIN, LYMPHATICS | | | |
| | | 41. NEUROLOGIC (Equilibrium tests under item 72) | | | |
| | | 42. PSYCHIATRIC (Specify any personality deviation) | | | |
| Females only | | (Check how done) | | | |
| | | 43. PELVIC ☐ VAGINAL ☐ RECTAL | | | |

| | | | |
|--|--|--|--|
| 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively) | | REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES | |
| O.—Restorable teeth
I.—Nonrestorable teeth
X.—Missing teeth
XXX.—Replaced by dentures
(6 X 8).—Fixed bridge, brackets to include abutments | | | |
| R
I
G
H
T | X 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | Meets dental standards | |
| L
E
F
T | 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 | | |

| | | | | | | |
|--------------------------------------|-------------|---|--|-----------------|---|--|
| 45. URINALYSIS: SP, GR. 1.011 | | | 46. CHEST X-RAY (Place, date, film number, result) | | 47. SEROLOGY (Specify test used and result) | |
| ALBUMIN | SUGAR | MICROSCOPIC | | | | |
| neg. | neg. | neg. | see report 9627-58 neg. | | Kahn & VDRL neg. | |
| 48. EKG within normal limits. | | 49. BLOOD TYPE AND RH FACTOR 147 | | 50. OTHER TESTS | | |
| 11/11/1958 | | | | | | |

201181051

| MEASUREMENTS AND OTHER FINDINGS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------|---|------------|---------------------------------------|------------|--|------------|---|-----------|--------------------------|------------|------------|------------|------------|------------|-------|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|--|--|
| 51. HEIGHT
69 | | 52. WEIGHT
164 | | 53. COLOR HAIR
Gray | | 54. COLOR EYES
Brown | | 55. BUILD:
SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐ | | 56. TEMP.
98.6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | | | 58. PULSE (Arm at heart level) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITTING
SYS. 118
DIAS. 78 | | RECUM-
BENT
SYS.
DIAS. | | STANDING
(3 min.)
SYS.
DIAS. | | SITTING
76 | | AFTER EXERCISE | | 2 MIN. AFTER | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59. DISTANT VISION | | 60. REFRACTION | | | | 61. .75m NEAR VISION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT 20/ 30 CORR. TO 20/ 20 <i>Pin hole</i> S. CX | | | | | | 20-10 CORR. TO BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT 20/ 20 CORR. TO 20/ | | BY S. CX | | | | 20-12 CORR. TO BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63. ACCOMMODATION
RIGHT LEFT | | 64. COLOR VISION (Test used and result)
1946 AOC 18 X 18 | | | | 65. DEPTH PERCEPTION (Test used and score) | | UNCORRECTED
CORRECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66. FIELD OF VISION | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS | | 69. INTRAOCULAR TENSION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70. HEARING | | 71. AUDIOMETER | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT WV 15 SV 15 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>250
dB</td> <td>500
dB</td> <td>1000
dB</td> <td>2000
dB</td> <td>3000
dB</td> <td>4000
dB</td> <td>8000
dB</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | 250
dB | 500
dB | 1000
dB | 2000
dB | 3000
dB | 4000
dB | 8000
dB | RIGHT | | | | | | | | LEFT | | | | | | | | | | | |
| | 250
dB | 500
dB | 1000
dB | 2000
dB | 3000
dB | 4000
dB | 8000
dB | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|--|--|--|--|--|--|---|---|---|---|---|---|--|--|--|--|--|--|
| 75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) | | | | | | 76. PHYSICAL PROFILE | | | | | | | | | | | | | | | | | |
| | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | P | U | L | H | E | S | | | | | | |
| P | U | L | H | E | S | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 77. EXAMINEE (Check) Strenuous Physical Exertion
☒ IS QUALIFIED FOR and use of Firearms.
☐ IS NOT | | | | | | PHYSICAL CATEGORY | | | | | | | | | | | | | | | | | |
| 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | A | B | C | E | | | | | | | | |
| A | B | C | E | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 79. TYPED OR PRINTED NAME OF PHYSICIAN
G. R. JOHNSTON, CAPT, MC, USN | | | | | | SIGNATURE
S/ G. R. Johnston | | | | | | | | | | | | | | | | | |
| 80. TYPED OR PRINTED NAME OF PHYSICIAN | | | | | | SIGNATURE | | | | | | | | | | | | | | | | | |
| 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) | | | | | | SIGNATURE
S/ J. E. O'Malley, LCDR DC USN | | | | | | | | | | | | | | | | | |
| 82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY | | | | | | SIGNATURE | | | | | | | | | | | | | | | | | |
| | | | | | | NUMBER OF AT-TACHED SHEETS | | | | | | | | | | | | | | | | | |

PATIENT'S NAME--FIRST NAME--MIDDLE NAME

REG. NO.

WARD NO.

COX, PAUL LESLIE

FBI

Staff Clinic

AGE

SEX

(Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED
PATIENT☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

9627-58

DATE OF REPORT

RADIOGRAPHIC REPORT

4-30-58 CHEST: The heart is not enlarged. The lung fields and no active pulmonary disease is not recognized. WJM:egc

DEPARTMENT OF RADIOLOGY

U. S. NAVAL HOSPITAL

NATIONAL NAVAL MEDICAL CENTER

BETHESDA 14, MARYLAND

S/ WJM

W. J. MACK

LT MC USN

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

ENCLOSURE

GPO

c9-16-56906-51

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

67-20723-131

Cox, Paul Loslie

ATTACHMENT TO STANDARD FORM 88
(Revised December 5, 1955)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

| | |
|----|---|
| 2 | 67 |
| 3 | 68 |
| 11 | 69 |
| 14 | 71 (Item 71, audiometer examinations,
should be afforded whenever possible.) |
| 17 | |
| 62 | |
| 65 | 72 |

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X-ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee is qualified for strenuous physical exertion. (Designate which)
(is or is not)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms? Does examinee have any defects prohibiting safe operation of motor vehicles?

No
If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

GR Johnston
(Signature of Medical Examiner)

MAY 20 1958
(Date)

67-200-131

Office Memorandum • UNITED STATES GOVERNMENT

TO : DIRECTOR, FBI

DATE: February 19, 1958

FROM : A. H. BELMONT

SUBJECT: SA PAUL L. COX
Subversive Control Section
Domestic Intelligence Division

ATTITUDE

The purpose of this memorandum is to report that the captioned employee reported for work on 2-18-58, notwithstanding the extremely hazardous travel conditions. In accordance with the Director's instructions this is to be made a matter of record in the employee's personnel file and considered as a COMMENDATION.

On Saturday, 2-15-58, the Washington, D. C., area was blanketed by fourteen inches of snow as a result of a storm which the Weather Bureau termed the worst that has struck this area in twenty-two years. Thereafter, high winds and near zero temperatures set in for several days making travel conditions extremely hazardous.

On Monday, 2-17-58, in recognition of the hardships and hazards that Federal Government employees would face in coming to work, a White House announcement was made encouraging such employees to stay home and take a day of annual leave. During the late afternoon of 2-17-58, a further official announcement emanated from the White House instructing that all Government employees who were not considered essential would be excused from work on 2-18-58 on Administrative Leave.

The captioned employee considered his work and his services to the FBI so essential that in spite of the foregoing announcement he took it upon himself to come to work and perform his regularly assigned duties. This is considered a highly exemplary attitude on the part of this employee and his actions in this instance certainly demonstrate his devotion to duty and the fact that he places his employment with the FBI above his personal convenience.

RECOMMENDATION:

That this memorandum be placed in the employee's personnel file.

1. NAME Cox Pa L.
LAST FIRST MIDDLE

2. OFFICE OF ASSIGNMENT S.O.G.

NOTE: PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING FORM.

IF IN BUREAU 15 YEARS FROM EOD LISTED UNDER ITEM 8 AND NO LEAVE WITHOUT PAY IN EXCESS OF 6 MONTHS IN ANY ONE CALENDAR YEAR, AS LISTED UNDER ITEM 10, IT WILL ONLY BE NECESSARY FOR YOU TO CERTIFY YOUR STATUS BY PLACING A CHECK MARK IN THE "15 YEARS OR OVER" BOX IN THE "TOTAL FEDERAL SERVICE" SPACE AT THE TOP OF THIS PAGE, AND SIGNING THE FORM. DO NOT FILL IN OTHER INFORMATION IN SUCH CASES.

TOTAL FEDERAL SERVICE

(CHECK ONE, PER ITEM II)

LESS
THAN
3 YRS.

3 YRS. BUT
LESS THAN
15 YRS.

15 YRS.
OR
OVER

(AS OF CLOSE OF BUSINESS ON JANUARY 6, 1952)

DATE YOU WILL REACH NEXT CATEGORY:

May 12 1956
MONTH DAY YEAR

| | | | | | | |
|---|--|---|--|------|------|--|
| 3. PREVIOUS CIVILIAN GOVERNMENT SERVICE
(GIVE COMPLETE NAME OF AGENCY AND BRANCH) | DATE EOD | DATE SEPARATED | TOTAL LENGTH OF SERVICE WITH EACH AGENCY | | | TOTALS
ITEMS 4, 6, 8
9, 10, and 11 |
| | | | YRS. | MOS. | DAYS | |
| None | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. TOTAL LENGTH OF PREVIOUS CIVILIAN GOVERNMENT SERVICE
(ADD ALL TIME LISTED UNDER ITEM 3, DIVIDE TOTAL DAYS BY 30, TOTAL MONTHS BY 12, — GIVE TOTAL IN EXACT YEARS, MONTHS AND DAYS SERVED) | | | | | | |
| | | | | | | 0 0 0 |
| 5. MILITARY SERVICE
(INDICATE BRANCH — ARMY, NAVY, MARINE CORPS, COAST GUARD, AIR FORCE, ETC. IF NO MILITARY SERVICE, WRITE "NONE" IN THIS SPACE) | DATE ENTERED ON ACTIVE DUTY
DATE GIVEN ON SEPARATION DOCUMENT | DATE DISCHARGED
DATE GIVEN ON SEPARATION DOCUMENT | TOTAL SERVICE WITH MILITARY (EACH BRANCH) | | | |
| | | | YRS. | MOS. | DAYS | |
| None | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 6. TOTAL MILITARY SERVICE
(ADD ALL TIME LISTED UNDER ITEM 5, DIVIDE TOTAL DAYS BY 30, TOTAL MONTHS BY 12 — GIVE TOTAL IN EXACT YEARS, MONTHS AND DAYS SERVED) | | | | | | |
| | | | | | | 0 0 0 |
| 7. STATUS AT TIME OF ENTRANCE ON DUTY WITH ARMED FORCES (CHECK ONE) | ON MILITARY LEAVE FROM CIVILIAN GOVERNMENT SERVICE | RESIGNED FROM CIVILIAN GOVERNMENT SERVICE TO ENTER ARMED FORCES | ENTERED ARMED FORCES FROM PRIVATE EMPLOYMENT OR SCHOOL | | | |
| | | | | | | |
| 8. PRESENT FBI SERVICE
(IF REINSTATED, LIST DATES OF PREVIOUS SERVICE WITH FBI UNDER ITEM 3) | LATEST EOD DATE | TO CLOSE OF BUSINESS JAN. 6, 1952 | TOTAL SERVICE SINCE LAST EOD DATE | | | |
| | May 12 1941
MONTH DAY YEAR | | YRS. | MOS. | DAYS | |
| | | | 10 | 7 | 25 | |
| 9. FEDERAL SERVICE TIME - GROSS TOTAL
(ADD ITEMS 4, 6, AND 8, DIVIDE TOTAL DAYS BY 30, TOTAL MONTHS BY 12 — GIVE TOTAL IN EXACT YEARS, MONTHS AND DAYS SERVED.) | | | | | | |
| | | | | | | 10 7 25 |
| 10. LEAVE WITHOUT PAY (EXCLUDING MILITARY) IN EXCESS OF SIX MONTHS TAKEN DURING ANY ONE CALENDAR YEAR. (LIST TOTAL IN YEARS, MONTHS, AND DAYS) | | | | | | |
| | | | | | | 0 0 0 |
| II. FEDERAL SERVICE TIME-NET TOTAL
(SUBTRACT ITEM 10 FROM ITEM 9. THIS WILL GIVE YOU YOUR ACTUAL SERVICE TIME.) | | | | | | |
| | | | | | | 10 7 25 |

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

9 SEP 13 1957

(SIGNED)

(DATE)

(WRITTEN SIGNATURE)



NOT RECORDED

Paul L. Cox

1-2-52

31

PORT OF MEDICAL EXAMINATION

DIPLE

| | | | | | |
|--|---------------------|--|--|--|---|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
(Type or print) COX, PAUL LESLIE | | | 2. GRADE AND COMPONENT OR POSITION
SPECIAL AGENT | | 3. IDENTIFICATION NO.
... |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | | 5. PURPOSE OF EXAMINATION
ANNUAL EXAM | | 6. DATE OF EXAMINATION
3-9-59 |
| 7. SEX
M | 8. RACE
W | 9. TOTAL YEARS GOVERNMENT SERVICE
MILITARY _____ CIVILIAN _____ | | 10. AGENCY | 11. ORGANIZATION UNIT |
| 12. DATE OF BIRTH
9-6-06 | | 13. PLACE OF BIRTH
Richmond, Ind. | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
NNMC | | | 16. OTHER INFORMATION | | |
| 17. RATING OR SPECIALTY | | | TIME IN THIS CAPACITY (Total) | | LAST SIX MONTHS |

| CLINICAL EVALUATION | | |
|---------------------|---|-----------|
| NOR-MAL | (Check each item in appropriate column; enter "NE" if not evaluated.) | ABNOR-MAL |
| | 18. HEAD, FACE, NECK, AND SCALP | |
| | 19. NOSE | |
| | 20. SINUSES | |
| | 21. MOUTH AND THROAT | |
| | 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) | |
| | 23. DRUMS (Perforation) | |
| | 24. EYES—GENERAL (Visual acuity and refraction under items 55, 60 and 67) | |
| NE | 25. OPHTHALMOSCOPIC | |
| | 26. PUPILS (Equality and reaction) | |
| | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) | |
| | 28. LUNGS AND CHEST (Include breasts) | |
| | 29. HEART (Thrust, size, rhythm, sounds) | |
| | 30. VASCULAR SYSTEM (Varicosities, etc.) | |
| | 31. ABDOMEN AND VISCERA (Include hernia) | |
| | 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated) | |
| | 33. ENDOCRINE SYSTEM | |
| | 34. G-U SYSTEM | |
| | 35. UPPER EXTREMITIES (Strength, range of motion) | |
| | 36. FEET | |
| | 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) | |
| | 38. SPINE, OTHER MUSCULOSKELETAL | |
| | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | |
| | 40. SKIN, LYMPHATICS | |
| | 41. NEUROLOGIC (Equilibrium tests under item 78) | |
| | 42. PSYCHIATRIC (Specify any personality deviation) | |
| | 43. PELVIC (Females only) (Check how done) | |
| | ☐ VAGINAL ☐ RECTAL | |

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

RECORDED - 136

RECORDED - 136

ENCLOSURE

| | |
|---------------------|----------|
| 67- | 136 |
| Searched | Numbered |
| Continue in item 73 | 87 |

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

○—Restorable teeth
/—Nonrestorable teeth
X—Missing teeth
XXX—Replaced by dentures

(6 X 8)—Fixed bridge, brackets to include abutments

| | | | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L |
| I | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | E |
| G | | | | | | | | | | | | | | | | | F |
| H | | | | | | | | | | | | | | | | | T |
| T | | | | | | | | | | | | | | | | | |

8 REMAINS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Meets dental standards

LABORATORY FINDINGS

| | | | |
|--|---------------------------|---|--|
| 45. URINALYSIS: A. SPECIFIC GRAVITY 1.005 | | 46. CHEST X-RAY (Place, date, film number and result) | |
| B. ALBUMIN neg | D. MICROSCOPIC neg | 7991-59 - See Report | |
| C. SUGAR neg | 48. EKG Normal | 49. BLOOD TYPE AND RH FACTOR | |
| 47. SEROLOGY (Specify test used and result) neg | | 50. OTHER TESTS | |

8 JUN 4 1959

[Signature]

E. C. Kennedy

4-1-59

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | | |
|---|--|----------------------|--|--|--|--|--|--|--|--|--|
| 51. HEIGHT
69 | | 52. WEIGHT
163 | | 53. COLOR HAIR
Gray | | 54. COLOR EYES
Brown | | 55. BUILD: ☒ SLIM ☐ MEDIUM ☐ HEAVY ☐ OBESSE | | 56. TEMPERATURE
98 | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | | | 58. PULSE (Arm at heart level) | | | | | |
| A. SITTING | | B. RECUMBENT | | C. STANDING (8 min.) | | A. SITTING | | B. AFTER EXERCISE (3 min.) | | C. AFTER EXERCISE (3 min.) | |
| SYS. 120
DIAS. 80 | | SYS. 120
DIAS. 80 | | SYS. 120
DIAS. 80 | | 80 | | 123 36 PM '59 | | 123 36 PM '59 | |
| 59. DISTANT VISION | | | | 60. REFRACTION | | | | 61. NEAR VISION | | | |
| RIGHT 20/20 CORR. TO 20/ | | | | BY S. OX | | | | 20-6 CORR. TO BY | | | |
| LEFT 20/20 CORR. TO 20/ | | | | BY S. OX | | | | 20-6 CORR. TO BY | | | |
| 62. HETEROPHORIA (Specify distance) | | | | | | | | | | | |
| ES° | | EX° | | R. H. | | L. H. | | PRISM DIV. | | PRISM CONV. CT | |
| 63. ACCOMMODATION | | RIGHT | | LEFT | | 64. COLOR VISION (Test used and result)
AOC-1946-Normal | | | | 65. DEPTH PERCEPTION (Test used and score) | |
| | | | | | | | | | | UNCORRECTED | |
| | | | | | | | | | | CORRECTED | |
| 66. FIELD OF VISION | | | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS TEST | | 69. INTRAOCULAR TENSION | |
| 70. HEARING | | | | 71. AUDIOMETER | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | | | |
| RIGHT WV 15 /15 SV | | | | /15 | | | | | | | |
| LEFT WV 15 /15 SV | | | | /15 | | | | | | | |
| | | | | RIGHT 0 0 0 0 0 0 0 15 | | | | | | | |
| | | | | LEFT 0 0 0 0 0 0 0 40 | | | | | | | |

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER.

79. TYPED OR PRINTED NAME OF PHYSICIAN

G. R. JOHNSTON CAPT MC USN

SIGNATURE

S/ G.R. Johnston

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

S/ J. B. Ferris (E.F.C.)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

PATIENT'S NAME--FIRST NAME--MIDDLE NAME

O

033

REGISTERED

FBI

WARD NO.

Staff Clinic

COX, PAUL LESLIE FBI

AGE

SEX

(Check one)

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED
PATIENT☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

Dr. Johnston

DATE OF REQUEST

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

7991-59

DATE OF REPORT

RADIOGRAPHIC REPORT

3-17-59 CHEST: The heart is not enlarged. The lung fields are clear. At the cardiac apex is a 5 mm. well calcified rounded area of radio-density. No evidence of active pulmonary disease is visualized.

RKC:egc 033

S/ RKC

R. K. Cureton

LT MC USN

S/ GRJ

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 619A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

ENCLOSURE

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

EAR CLINIC

FROM: (Requesting ward, unit, or activity)

STAFF CLINIC

DATE OF REQUEST

3-9-59

REASON FOR REQUEST (Complaints and findings)

This FBI SA appeared this date for his annual physical examination and it was noted he has never been afforded an audiogram. Please do audiogram for record purposes.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☒ ON CALL

☐ EMERGENCY

☒ ROUTINE

G. R. JOHNSTON, CAPT. MC, USN

CONSULTATION REPORT

3-9-58 - Audiogram reveals a normal hearing range. There is however a slight hearing loss in the high frequency range. This is of no clinical significance.

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

Staff Clinic

COX, PAUL LESLIE

SPECIAL AGENT, FBI

CONSULTATION SHEET
Standard Form 513

ENCLOSURE

67-

136

ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION
FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER

Name of Examinee: COX PAUL LESLIE
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

| | |
|----|----|
| 2 | 62 |
| 3 | 65 |
| 11 | 67 |
| 14 | 68 |
| 17 | 69 |
| 46 | 71 |
| 48 | 72 |
| 49 | |

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS
OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

TO BE ANSWERED IN THE CASE OF ALL MALE EMPLOYEES AND MALE APPLICANTS:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes. If "yes" please specify defects. _____
2. Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes. If "yes" please specify defects. _____

Weights for Males

| Height
Feet-Inches | SMALL FRAME | | MEDIUM FRAME | | LARGE FRAME | |
|-----------------------|-------------|---------|--------------|---------|-------------|---------|
| | Desirable | Maximum | Desirable | Maximum | Desirable | Maximum |
| 5 4 | 121-131 | 143 | 129-139 | 152 | 136-148 | 162 |
| 5 5 | 124-134 | 146 | 132-142 | 155 | 140-152 | 166 |
| 5 6 | 128-138 | 151 | 136-146 | 160 | 144-157 | 172 |
| 5 7 | 131-142 | 155 | 140-151 | 165 | 148-161 | 176 |
| 5 8 | 135-146 | 160 | 144-155 | 170 | 152-165 | 181 |
| 5 9 | 139-150 | 164 | 148-159 | 174 | 156-170 | 186 |
| 5 10 | 143-154 | 168 | 152-163 | 178 | 160-175 | 192 |
| 5 11 | 147-159 | 174 | 156-168 | 184 | 164-180 | 197 |
| 6 0 | 152-164 | 179 | 161-173 | 189 | 169-185 | 203 |
| 6 1 | 158-170 | 186 | 166-179 | 196 | 174-191 | 209 |
| 6 2 | 163-175 | 192 | 171-184 | 201 | 179-197 | 216 |
| 6 3 | 168-180 | 197 | 176-189 | 207 | 184-202 | 221 |
| 6 4 | 174-186 | 204 | 182-195 | 214 | 190-208 | 228 |
| 6 5 | 180-191 | 209 | 188-201 | 220 | 196-214 | 234 |

3. Examinee's frame is ☐ small ☐ medium ☒ large

4. Considering above weight table the examinee's frame and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

G. R. Johnston
 (Signature of Medical Examiner)

MAR 23 1959

(Date)

| | | | | | | | | | |
|---|---|---|--|---|-----|----------------------|-------------|-----------------|---------|
| 1. Agency and organizational designations
F.P.I., U.S. Dept. of Justice | | | | 2. Pay roll Q | | 3. Block No. | | 4. Slip No. | |
| 5. Employee's name (and social security account number when appropriate)
11910 IR. PAUL I. COX SA | | | | 6. Grade and salary
GS 14 \$12,075 \$12,315 | | | | | |
| PAY ROLL CHANGE DATA | | | | | | | | | |
| | BASE PAY | OVERTIME | GROSS PAY | RET. | TAX | BOND | F. I. C. A. | | NET PAY |
| 7. Previous normal | | | | | | | | | |
| 8. New normal | | | | | | | | | |
| 9. Pay this period | | | | | | | | | |
| 10. Remarks: | | | | | | 11. Appropriation(s) | | 12. Prepared by | |
| 21 | | | | | | | | 13. Audited by | |
| ☒ Periodic step-increase ☐ Pay-adjustment ☐ Other step-increase | | | | | | | | | |
| 14. Effective date
7-13-58 | 15. Date last equivalent increase
1-13-57 | 16. Old salary rate
\$12,075 | 17. New salary
\$12,315 | 18. Performance rating is satisfactory or better. | | | | | |
| | | | | E. J. Hoover
(Signature or other authentication) | | | | | |
| 19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): | | | | (Check applicable box in case of excess LWOP) | | | | | |
| a. Period(s): | | | | ☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period. | | | | | |
| ☒ No excess LWOP. Total excess LWOP: | | | | MA/KIV Initials of Clerk | | | | | |

3127

Paul beslie^O Cox

REC-131

140
32

3/8/86

133



REPORT OF MEDICAL EXAMINATION

| | | | | | |
|---|-------------------------|---|--|--|--|
| 1. FIRST NAME—FIRST NAME—MIDDLE NAME
(Type or print) COX, PAUL LESLIE | | 2. GRADE AND COMPONENT OR POSITION
SPECIAL AGENT | | 3. IDENTIFICATION NUMBER
1-1-1-1 | |
| 4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State)
101 INGRAHAM ST., HYATTSPUE, MD. | | 5. PURPOSE OF EXAMINATION
ANNUAL EXAM. | | 6. DATE OF EXAMINATION
2-24-60 | |
| 7. SEX
M | 8. RACE
White | 9. TOTAL YRS. GOVT. SERVICE
MILITARY _____ CIVILIAN _____ | | 10. DEPARTMENT, AGENCY, OR SERVICE | |
| 11. ORGANIZATION UNIT | | 12. DATE OF BIRTH
-6-06 | | 13. PLACE OF BIRTH
Richmond, INDIANA | |
| 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | | 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
NLM C | | | |
| 16. OTHER INFORMATION | | | | | |

| RATING OR SPECIALTY | | TIME IN THIS CAPACITY: TOTAL | | LAST SIX MONTHS | |
|--|---|---|--|-----------------|--|
| CLINICAL EVALUATION
(Check each item in appropriate column: enter "N. E." if not evaluated) | | NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.) | | | |
| ABNORMAL | | | | | |
| | 18. HEAD, FACE, NECK, AND SCALP | | | | |
| | 19. NOSE | | | | |
| | 20. SINUSES | | | | |
| | 21. MOUTH AND THROAT | | | | |
| | 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) | | | | |
| | 23. DRUMS (Perforation) | | | | |
| | 24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61) | | | | |
| VE | 25. OPHTHALMOSCOPIC | | | | |
| | 26. PUPILS (Equality and reaction) | | | | |
| | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) | | | | |
| | 28. LUNGS AND CHEST (Include breasts) | | | | |
| | 29. HEART (Thrust, size, rhythm, sounds) | | | | |
| | 30. VASCULAR SYSTEM (Varicosities, etc.) | | | | |
| | 31. ABDOMEN AND VISCERA (Include hernia) | | | | |
| | 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated) | Proctid + 1 (small, firm, nontender) | | | |
| | 33. ENDOCRINE SYSTEM | | | | |
| | 34. G-U SYSTEM | | | | |
| | 35. UPPER EXTREMITIES (Strength, range of motion) | | | | |
| | 36. FEET | | | | |
| | 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) | | | | |
| | 38. SPINE, OTHER MUSCULOSKELETAL | | | | |
| | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | | | | |
| | 40. SKIN, LYMPHATICS | | | | |
| | 41. NEUROLOGIC (Equilibrium tests under item 70) | | | | |
| | 42. PSYCHIATRIC (Specify any personality deviation) | | | | |
| 43. PELVIC (Check how done) | | (Continue in item 73) | | | |
| males only | | | | | |
| | 43. PELVIC ☐ VAGINAL ☐ RECTAL | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|--|
| DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively) | | | | | | | | | | | | | | | | | | REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Meets Dental Standards | |
| O.—Restorable teeth X.—Missing teeth (6 X 8).—Fixed bridge, brackets to include abutments
I.—Nonrestorable teeth XXX.—Replaced by dentures | | | | | | | | | | | | | | | | | | | |
| R | X | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | X | L | | |
| I | | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | X | E | |
| G | | | | | | | | | | | | | | | | | | F | |
| H | | | | | | | | | | | | | | | | | | T | |

| | | | | | | |
|---|--|--|---|--|--|--|
| LABORATORY FINDINGS | | | 46. CHEST X-RAY (Place, date, film number, result)
2-24-60 (14X17)
7148-60 Neg. | | 47. SEROLOGY (Specify test used and result)
Neg. | |
| 48. URINALYSIS: SP. GR. 1.010 | | | 49. BLOOD TYPE AND RH FACTOR
Neg. | | 50. OTHER TESTS | |
| 49. BLOOD TYPE AND RH FACTOR
Neg. | | | 50. OTHER TESTS | | | |

NNL

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------|--------------------------|--|--|---------------------|--------------------------------|---------------------|--|--|-------------------------|-------------------|-------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-------|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|
| 51. HEIGHT
69 1/2" | | 52. WEIGHT
162 | | 53. COLOR HAIR
Br. Gray | | 54. COLOR EYES
Brown | | 55. BUILD:
SLENDER MEI ☐ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | | | 58. PULSE (Arm at heart level) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SITTING | SYS. 122 | RECUM-
BENT | SYS. | STANDING
(3 min.) | SYS. | SITTING 84 | AFTER EXERCISE | 2 MIN. AFT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DIAS. 76 | | DIAS. | | DIAS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59. DISTANT VISION | | | | 60. REFRACTION | | | | 61. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT 20/ 20 | | CORR. TO 20/ | | BY | | S. CX | | 20-60 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT 20/ 20 | | CORR. TO 20/ | | BY | | S. CX | | 20-80 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62. HETEROPHORIA:
(Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63. ACCOMMODATION
RIGHT LEFT | | | | 64. COLOR VISION (Test used and result)
AOC 1540 18-18 | | | | 65. DEPTH PERCEPTION
(Test used and score) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | UNCORRECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | CORRECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66. FIELD OF VISION | | | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70. HEARING | | | 71. AUDIOMETER | | | | | | | 72. PSYCHOLOGICAL AND P | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT WV 15 /15 SV 15 /15 | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>250
850</td> <td>500
610</td> <td>1000
1000</td> <td>2000
2048</td> <td>3000
2296</td> <td>4000
1096</td> <td>8000
8198</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | 250
850 | 500
610 | 1000
1000 | 2000
2048 | 3000
2296 | 4000
1096 | 8000
8198 | RIGHT | | | | | | | | LEFT | | | | | | | | | |
| | 250
850 | 500
610 | 1000
1000 | 2000
2048 | 3000
2296 | 4000
1096 | 8000
8198 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT WV 15 /15 SV 15 /15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)
☒ IS
☐ IS NOT
 QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

F.B.I.

| | | | | | |
|--|-------------------------|--|------------------------------------|--|-----------------------|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX PAUL LESLIE | | 2. GRADE AND COMPONENT OR POSITION
SPECIAL AGENT | | 3. IDENTIFICATION NO. | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | 5. PURPOSE OF EXAMINATION
ANNUAL EXAM | | 6. DATE OF EXAMINATION
2-24-60 | |
| 7. SEX
M | 8. RACE
white | 9. TOTAL YRS. GOVT. SERVICE
MILITARY
CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE | | 11. ORGANIZATION UNIT |
| 12. DATE OF BIRTH
9-6-06 | | 13. PLACE OF BIRTH
RICHMOND, INDIANA | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | | | 16. OTHER INFORMATION | | |
| 17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)
NO COMPLAINTS - EXCELLENT. | | | | | |

| 18. FAMILY HISTORY | | | | | 19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE? | | | |
|----------------------|-----|-----------------|-------------------------|--------------|---|----|------------------------------|-------------|
| RELATION | AGE | STATE OF HEALTH | IF DEAD, CAUSE OF DEATH | AGE AT DEATH | YES | NO | (Check each item) | RELATION(S) |
| FATHER | 84 | FAIR | | | X | | HAD TUBERCULOSIS | brother |
| MOTHER | | | CANCER | 75 | | X | HAD SYPHILIS | |
| SPOUSE | 52 | Very Good | | | | X | HAD DIABETES | |
| | 58 | Good | | | X | | HAD CANCER | mother |
| BROTHERS AND SISTERS | | | | | | X | HAD KIDNEY TROUBLE | |
| | | | | | | X | HAD HEART TROUBLE | |
| | | | | | | X | HAD STOMACH TROUBLE | |
| | | | | | | X | HAD RHEUMATISM (Arthritis) | |
| CHILDREN | 17 | Excellent | | | | X | HAD ASTHMA, HAY FEVER, HIVES | |
| | 15 | " | | | | X | HAD EPILEPSY (Fits) | |
| | 15 | " | | | | X | COMMITTED SUICIDE | |
| | | | | | | X | BEEN INSANE | |

| 20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item) | | | | | | | | | | | |
|--|----|------------------------------|-----|----|---|-----|----|--------------------------------------|-----|----|-----------------------------------|
| YES | NO | (Check each item) | YES | NO | (Check each item) | YES | NO | (Check each item) | YES | NO | (Check each item) |
| | X | SCARLET FEVER, ERYSIPELAS | | X | GOITER | | X | TUMOR, GROWTH, CYST, CANCER | | X | "TRICK" OR LOCKED KNEE |
| | X | DIPHTHERIA | | X | TUBERCULOSIS | | X | RUPTURE | | X | FOOT TROUBLE |
| | X | RHEUMATIC FEVER | | X | SOAKING SWEATS (Night sweats) | | X | APPENDICITIS | | X | NEURITIS |
| | X | SWOLLEN OR PAINFUL JOINTS | | X | ASTHMA | | X | PILES OR RECTAL DISEASE | | X | PARALYSIS (Inc. infantile) |
| X | | MUMPS | | X | SHORTNESS OF BREATH | | X | FREQUENT OR PAINFUL URINATION | | X | EPILEPSY OR FITS |
| | X | WHOOPING COUGH | | X | PAIN OR PRESSURE IN CHEST | | X | KIDNEY STONE OR BLOOD IN URINE | | X | CAR, TRAIN, SEA, OR AIR SICKNESS |
| | X | FREQUENT OR SEVERE HEADACHE | | X | CHRONIC COUGH | | X | SUGAR OR ALBUMIN IN URINE | | X | FREQUENT TROUBLE SLEEPING |
| | X | DIZZINESS OR FAINTING SPELLS | | X | PALPITATION OR POUNDING HEART | | X | BOILS | | X | FREQUENT OR TERRIFYING NIGHTMARES |
| | X | EYE TROUBLE | | X | HIGH OR LOW BLOOD PRESSURE | | X | VENEREAL DISEASE | | X | DEPRESSION OR EXCESSIVE WORRY |
| X | | EAR, NOSE OR THROAT TROUBLE | | X | CRAMPS IN YOUR LEGS | | X | RECENT GAIN OR LOSS OF WEIGHT | | X | LOSS OF MEMORY OR AMNESIA |
| | X | RUNNING EARS | | X | FREQUENT INDIGESTION | | X | ARTHRITIS OR RHEUMATISM | | X | BED WETTING |
| | X | CHRONIC OR FREQUENT COLDS | | X | STOMACH, LIVER OR INTESTINAL TROUBLE | | X | BONE, JOINT, OR OTHER DEFORMITY | | X | NERVOUS TROUBLE OF ANY SORT |
| | X | SEVERE TOOTH OR GUM TROUBLE | | X | GALL BLADDER TROUBLE OR GALL STONES | | X | LAMENESS | | X | ANY DRUG OR NARCOTIC HABIT |
| | X | SINUSITIS | | X | JAUNDICE | | X | LOSS OF ARM, LEG, FINGER, OR TOE | | X | EXCESSIVE DRINKING HABIT |
| | X | HAY FEVER | | X | ANY REACTION TO SERUM, DRUG OR MEDICINE | | X | PAINFUL OR "TRICK" SHOULDER OR ELBOW | | X | HOMOSEXUAL TENDENCIES |

| 21. HAVE YOU EVER (Check each item) | | | | 22. FEMALES ONLY: A. HAVE YOU EVER— | | B. COMPLETE THE FOLLOWING: | |
|-------------------------------------|--|------------------------------|---|-------------------------------------|------------------------------------|----------------------------|--|
| X | | WORN GLASSES | X | | BEEN PREGNANT | | AGE AT ONSET OF MENSTRUATION |
| X | | WORN AN ARTIFICIAL EYE | X | | HAD A VAGINAL DISCHARGE | | INTERVAL BETWEEN PERIODS |
| X | | WORN HEARING AIDS | X | | BEEN TREATED FOR A FEMALE DISORDER | | DURATION OF PERIODS |
| X | | STUTTERED OR STAMMERED | X | | HAD PAINFUL MENSTRUATION | | DATE OF LAST PERIOD |
| X | | WORN A BRACE OR BACK SUPPORT | X | | HAD IRREGULAR MENSTRUATION | | QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY |

| 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? | 24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS | 25. WHAT IS YOUR USUAL OCCUPATION? | 26. ARE YOU (Check one) |
|---|---|------------------------------------|--|
| | | | ☐ RIGHT HANDED ☐ LEFT HANDED |

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-----|----|--|
| | X | 27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: |
| | X | A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | X | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | X | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | X | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | X | 28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | X | 29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details) |
| | X | 30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details) |
| | X | 31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| | X | 32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| | X | 33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic) |
| | X | 34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| X | | 35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | X | 36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses) |
| | X | 37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | X | 38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability) |
| | X | 39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

Dr. John O. Scheedow - Rhode Island Ave NW.
WASH. DC.
Throat Irritation which has corrected.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Paul Leslie Cox

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

COX
Last

PAUL
First

LESLIE
Middle

The following portions of the attached examination report form need not be completed:

| | |
|----|----|
| 2 | 62 |
| 3 | 65 |
| 4 | 67 |
| 9 | 68 |
| 11 | 69 |
| 14 | 72 |
| 17 | 76 |

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

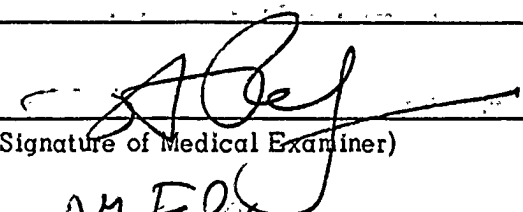
If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No *NA*

Desirable Weight Ranges for Males

| Height | Small Frame | Medium Frame | Large Frame |
|--------|-------------|--------------|-------------|
| 5' 4" | 117 - 125 | 123 - 135 | 131 - 148 |
| 5' 5" | 120 - 129 | 126 - 139 | 134 - 152 |
| 5' 6" | 124 - 133 | 130 - 143 | 138 - 157 |
| 5' 7" | 128 - 137 | 134 - 148 | 143 - 162 |
| 5' 8" | 132 - 141 | 138 - 152 | 147 - 166 |
| 5' 9" | 136 - 146 | 142 - 156 | 151 - 170 |
| 5' 10" | 140 - 150 | 146 - 161 | 155 - 175 |
| 5' 11" | 144 - 154 | 150 - 166 | 160 - 180 |
| 6' | 148 - 158 | 154 - 171 | 164 - 185 |
| 6' 1" | 152 - 163 | 158 - 176 | 169 - 190 |
| 6' 2" | 156 - 167 | 163 - 181 | 174 - 195 |
| 6' 3" | 160 - 171 | 168 - 186 | 178 - 200 |
| 6' 4" | 169 - 180 | 178 - 196 | 188 - 210 |
| 6' 5" | 174 - 185 | 182 - 202 | 192 - 216 |

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____


 (Signature of Medical Examiner)

21 Feb 60
 (Date)

| | | | | | | | | | | | |
|---|-----------------------------------|---------------------|---------------------|--|------|--|------|----------------------|-----------|-----------------|---------|
| 1. Agency and organizational designations
FBI, U.S. Dept. of Justice | | | | | | 2. Payroll period | | 3. Block No. | | 4. Slip No. | |
| 5. Employee's name (and social security account/number when appropriate)
#11910 MR. PAUL L. COX | | | | | | 6. Grade and salary
SA GS 14, \$12,555 | | | | | |
| PAYROLL CHANGE DATA | | | | | | | | | | | |
| | BASE PAY | OVERTIME | | GROSS PAY | RET. | FEDERAL TAX | BOND | F.I.C.A. | STATE TAX | GROUP LIFE INS. | NET PAY |
| 7. Previous normal | | | | | | | | | | | |
| 8. New normal | | | | | | | | | | | |
| 9. Pay this period | | | | | | | | | | | |
| 10. Remarks: | | | | | | | | 11. Appropriation(s) | | 12. Prepared by | |
| | | | | | | | | | | 13. Audited by | |
| ☒ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase _____ | | | | | | | | | | | |
| 14. Effective date | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate | 18. Performance rating is satisfactory or better. | | | | | | | |
| 1-10-60 | 7-13-58 | \$12,315 | \$12,555 | <i>E. Hoover</i>
(Signature or other authentication) | | | | | | | |
| 19. LWOP data (Fill in appropriate spaces covering LWOP during following period(s) Period(s): | | | | (Check applicable box in case of excess LWOP)
☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period. | | | | | | | |
| ☒ No excess LWOP. Total excess LWOP _____ | | | | Initials of Clerk HA:man | | | | | | | |
| STANDARD FORM NO. 1126d-Revised
Form prescribed by Comp. Gen., U. S.
March 5, 1957 6 GAO 8000 | | | | | | | | | | | |

PAYROLL CHANGE SLIP - PERSONNEL COPY

31/82

REPORT OF MEDICAL EXAMINATION

#5

FBI

| | | | | | |
|---|---------------------|--|--|--|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX, PAUL L. | | 2. GRADE AND COMPONENT OR POSITION
S.A. | | 3. IDENTIFICATION NO.
F.B.I. | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)
11111 | | 5. PURPOSE OF EXAMINATION
ANNUAL EXAM | | 6. DATE OF EXAMINATION
2-6-61 | |
| 7. SEX
m | 8. RACE
w | 9. TOTAL YEARS GOVERNMENT SERVICE
MILITARY ☐ CIVILIAN ☐ | | 10. AGENCY | |
| 11. ORGANIZATION UNIT | | 12. DATE OF BIRTH
9-6-06 | | | |
| 13. PLACE OF BIRTH
RICHMOND, INDIANA | | | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
NNNC | | | | 16. OTHER INFORMATION | |
| 17. RATING OR SPECIALTY | | TIME IN THIS CAPACITY (Total) | | LAST SIX MONTHS | |

| CLINICAL EVALUATION | | ABNOR- |
|---------------------|--|--------|
| NOR- | (Check each item in appropriate column; enter "NE" if not evaluated.) | MAL |
| | 18. HEAD, FACE, NECK, AND SCALP | |
| | 19. NOSE | |
| | 20. SINUSES | |
| | 21. MOUTH AND THROAT | |
| | 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) | |
| | 23. DRUMS (Perforation) | |
| | 24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67) | |
| NE | 25. OPHTHALMOSCOPIC | |
| | 26. PUPILS (Equality and reaction) | |
| | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) | |
| | 28. LUNGS AND CHEST (Include breasts) | |
| | 29. HEART (Thrust, size, rhythm, sounds) | |
| | 30. VASCULAR SYSTEM (Varicosities, etc.) | |
| | 31. ABDOMEN AND VISCERA (Include hernia) | |
| | 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated) | |
| | 33. ENDOCRINE SYSTEM | |
| | 34. G-U SYSTEM | |
| | 35. UPPER EXTREMITIES (Strength, range of motion) | |
| | 36. FEET | |
| | 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) | |
| | 38. SPINE, OTHER MUSCULOSKELETAL | |
| | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | |
| | 40. SKIN, LYMPHATICS | |
| | 41. NEUROLOGIC (Equilibrium tests under item 72) | |
| | 42. PSYCHIATRIC (Specify any personality deviation) | |
| | 43. PELVIC (Females only) (Check how done)
☐ VAGINAL ☐ RECTAL | |

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

-prostate sl. enlarged, firm NCD

REC-136

67-207 288-147
Searched _____ Numbered _____
3 FEB 28 1961

REC-136
ENCLOSURE

(Continue in item 73)

| 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.) | | | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| O—Restorable teeth
(—Nonrestorable teeth
X—Missing teeth
XXX—Replaced by dentures
(6 X 8)—Fixed bridge, brackets to include abutments | | | | | | | | | | | | | | | | | |
| R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L |
| I | X | | | | | | | | | | | | | | | | E |
| G | | | | | | | | | | | | | | | | | |
| H | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | F |
| T | | | | | | | | | | | | | | | | X | T |

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
70 defect noted

| LABORATORY FINDINGS | | | |
|---|--|---|--|
| 45. URINALYSIS: A. SPECIFIC GRAVITY
1.018 | | 46. CHEST X-RAY (Place, date, film number and result)
(14X17) 6257-Normal | |
| B. ALBUMIN Neg. | | D. MICROSCOPIC Neg. | |
| C. SUGAR Neg. | | 49. BLOOD TYPE AND RH FACTOR | |
| 47. SEROLOGY (Specify test used and result)
Neg. 50 | | 50. OTHER TESTS
WNL | |

9 MAR 3 1961

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | | |
|---|----------------------|-------------------|---------------|--|---------------|--------------------------------|-------------------|---|--------------|--|--|
| 51. HEIGHT
69 | | 52. WEIGHT
164 | | 53. COLOR HAIR
Gray | | 54. COLOR EYES
Brown | | 55. BUILD:
☐ SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE | | 56. TEMPERATURE
97.8 | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | | | 58. PULSE (Arm at heart level) | | | | | |
| A. SITTING | SYS. 120
DIAS. 80 | B. RECUMBENT | SYS.
DIAS. | C. STANDING (3 min.) | SYS.
DIAS. | A. SITTING
84 | B. AFTER EXERCISE | C. 2 MIN. AFTER | D. RECUMBENT | E. AFTER STANDING 3 MIN. | |
| 59. DISTANT VISION | | | | 60. REFRACTION | | | | 61. 7.5m NEAR VISION | | | |
| RIGHT 20/20 | | CORR. TO 20/ | | BY S. | | OX | | 20/8 | | CORR. TO BY | |
| LEFT 20/20 | | CORR. TO 20/ | | BY S. | | OX | | 20/8 | | CORR. TO BY | |
| 62. HETEROPHORIA (Specify distance) | | | | | | | | | | | |
| ES° | | EX° | | R. H. | | L. H. | | PRISM DIV. | | PRISM CONV. CT | |
| 63. ACCOMMODATION | | | | 64. COLOR VISION (Test used and result)
AOC-1946 18/18 | | | | 65. DEPTH PERCEPTION (Test used and score) | | UNCORRECTED | |
| RIGHT LEFT | | | | | | | | | | CORRECTED | |
| 66. FIELD OF VISION | | | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS TEST | | 69. INTRAOCULAR TENSION | |
| 70. HEARING | | | | 71. AUDIOMETER | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | |
| RIGHT WV /15 SV /15 | | | | 250 500 1000 2000 3000 4000 6000 8000
256 512 1024 2048 3072 4096 6144 8192 | | | | | | | |
| LEFT WV 15 /15 SV 15 /15 | | | | RIGHT LEFT | | | | | | | |
| 73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY | | | | | | | | | | | |

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

G. R. JOHNSTON, CAPT, MC, USA

SIGNATURE

G. R. Johnston

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

76. A. PHYSICAL PROFILE

| P | U | L | H | E | S |
|---|---|---|---|---|---|
| | | | | | |

B. PHYSICAL CATEGORY

| A | B | C | E |
|---|---|---|---|
| | | | |

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

FBI

| | | | | | |
|---|---------------------|---|------------------------------------|--|-----------------------|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
GOX, PAUL L. | | 2. GRADE AND COMPONENT OR POSITION
SA | | 3. CERTIFICATION NO. | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | 5. PURPOSE OF EXAMINATION
ANNUAL EXAM | | 6. DATE OF EXAMINATION
2-6-61 | |
| 7. SEX
M | 8. RACE
W | 9. TOTAL YRS. GOVT. SERVICE
MILITARY
CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE | | 11. ORGANIZATION UNIT |
| 12. DATE OF BIRTH
9-6-06 | | 13. PLACE OF BIRTH
RICHMOND, IND. | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | | | 16. OTHER INFORMATION | | |
| 17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)
Excellent | | | | | |

| | | | | | | | | | |
|----------------------|------------------|------------------|-------------------------|--------------|---|----------|------------------------------|----------------|--|
| 18. FAMILY HISTORY | | | | | 19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE? | | | | |
| RELATION | AGE | STATE OF HEALTH | IF DEAD, CAUSE OF DEATH | AGE AT DEATH | YES | NO | (Check each item) | RELATION(S) | |
| FATHER | 85 | DECEASED | OLD AGE - HEART | 85 | X | | HAD TUBERCULOSIS | Brother | |
| MOTHER | | " | CANCER | 75 | | X | HAD SYPHILIS | | |
| SPOUSE | 53 | Excellent | | | | X | HAD DIABETES | | |
| BROTHERS AND SISTERS | 59 (Bro.) | Good | | | X | | HAD CANCER | mother | |
| | | | | | | X | HAD KIDNEY TROUBLE | | |
| | | | | | | X | HAD HEART TROUBLE | | |
| | | | | | | X | HAD STOMACH TROUBLE | | |
| CHILDREN | 18 | Excellent | | | | X | HAD RHEUMATISM (Arthritis) | | |
| | 16 | " | | | | X | HAD ASTHMA, HAY FEVER, HIVES | | |
| | 16 | " | | | | X | HAD EPILEPSY (Fits) | | |
| | | | | | | X | COMMITTED SUICIDE | | |
| | | | | | | X | BEEN INSANE | | |

| | | | | | | | | |
|--|----------|------------------------------|-----|----------|---|-----|----------|--------------------------------------|
| 20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item) | | | | | | | | |
| YES | NO | (Check each item) | YES | NO | (Check each item) | YES | NO | (Check each item) |
| | X | SCARLET FEVER, ERYSIPELAS | | X | GOITER | | X | TUMOR, GROWTH, CYST, CANCER |
| | X | DIPHTHERIA | | X | TUBERCULOSIS | | X | RUPTURE |
| | X | RHEUMATIC FEVER | | X | SOAKING SWEATS (Night sweats) | | X | APPENDICITIS |
| | X | SWOLLEN OR PAINFUL JOINTS | | X | ASTHMA | | X | PILES OR RECTAL DISEASE |
| X | | MUMPS | | X | SHORTNESS OF BREATH | | X | FREQUENT OR PAINFUL URINATION |
| | X | WHOOPING COUGH | | X | PAIN OR PRESSURE IN CHEST | | X | KIDNEY STONE OR BLOOD IN URINE |
| | X | FREQUENT OR SEVERE HEADACHE | | X | CHRONIC COUGH | | X | SUGAR OR ALBUMIN IN URINE |
| | X | DIZZINESS OR FAINTING SPELLS | | X | PALPITATION OR POUNDING HEART | | X | BOILS |
| | X | EYE TROUBLE | | X | HIGH OR LOW BLOOD PRESSURE | | X | VENEREAL DISEASE |
| X | | EAR, NOSE OR THROAT TROUBLE | | X | CRAMPS IN YOUR LEGS | | X | RECENT GAIN OR LOSS OF WEIGHT |
| | X | RUNNING EARS | | X | FREQUENT INDIGESTION | | X | ARTHRITIS OR RHEUMATISM |
| | X | CHRONIC OR FREQUENT COLDS | | X | STOMACH, LIVER OR INTESTINAL TROUBLE | | X | BONE, JOINT, OR OTHER DEFORMITY |
| | X | SEVERE TOOTH OR GUM TROUBLE | | X | GALL BLADDER TROUBLE OR GALL STONES | | X | LAMENESS |
| | X | SINUSITIS | | X | JAUNDICE | | X | LOSS OF ARM, LEG, FINGER, OR TOE |
| | X | HAY FEVER | | X | ANY REACTION TO SERUM, DRUG OR MEDICINE | | X | PAINFUL OR "TRICK" SHOULDER OR ELBOW |
| | | | | | | | X | HOMOSEXUAL TENDENCIES |

| | | | | | |
|---|------------------------------|---|---|---|--|
| 21. HAVE YOU EVER (Check each item) | | 22. FEMALES ONLY: A. HAVE YOU EVER— | | B. COMPLETE THE FOLLOWING: | |
| X | WORN GLASSES | X | ATTEMPTED SUICIDE | | AGE AT ONSET OF MENSTRUATION |
| X | WORN AN ARTIFICIAL EYE | X | BEEN A SLEEP WALKER | | INTERVAL BETWEEN PERIODS |
| X | WORN HEARING AIDS | X | LIVED WITH ANYONE WHO HAD TUBERCULOSIS | | DURATION OF PERIODS |
| X | STUTTERED OR STAMMERED | X | COUGHED UP BLOOD | | DATE OF LAST PERIOD |
| X | WORN A BRACE OR BACK SUPPORT | X | BIED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION | | QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY |
| 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? | | 24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS | | 25. WHAT IS YOUR USUAL OCCUPATION? | |
| | | | | 26. ARE YOU (Check one)
☐ RIGHT HANDED ☐ LEFT HANDED | |

67-207 288-147
ENCLOSURE

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-----|----|--|
| | X | 27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | X | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | X | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | X | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | X | 28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | X | 29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details) |
| | X | 30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details) |
| | X | 31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| | X | 32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| | X | 33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic) |
| | X | 34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| X | | 35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | X | 36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses) |
| | X | 37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | X | 38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability) |
| | X | 39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

35. Dr. John Schetzler
Rhode Island Ave, N.W.
Washington, D.C.
NASAL IRRITATION + SKIN RASH - 1960

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Paul L. Cox

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

No present complaints nor symptoms.

| | | | |
|--|-----------|----------------|---------------------------|
| TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER | DATE | SIGNATURE | NUMBER OF ATTACHED SHEETS |
| G. R. JOHNSTON, CAPT, MC, US. | FEB 6 '61 | G. R. Johnston | 1 |

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee COX PAUL L.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

| | |
|----|----|
| 2 | 62 |
| 3 | 65 |
| 4 | 67 |
| 9 | 68 |
| 11 | 69 |
| 14 | 72 |
| 17 | 76 |

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No *NA*

67-207 288-147
ENCLOSURE

Desirable Weight Ranges for Males

| Height | Small Frame | Medium Frame | Large Frame |
|--------|-------------|--------------|-------------|
| 5' 4" | 117 - 125 | 123 - 135 | 131 - 148 |
| 5' 5" | 120 - 129 | 126 - 139 | 134 - 152 |
| 5' 6" | 124 - 133 | 130 - 143 | 138 - 157 |
| 5' 7" | 128 - 137 | 134 - 148 | 143 - 162 |
| 5' 8" | 132 - 141 | 138 - 152 | 147 - 166 |
| 5' 9" | 136 - 146 | 142 - 156 | 151 - 170 |
| 5' 10" | 140 - 150 | 146 - 161 | 155 - 175 |
| 5' 11" | 144 - 154 | 150 - 166 | 160 - 180 |
| 6' | 148 - 158 | 154 - 171 | 164 - 185 |
| 6' 1" | 152 - 163 | 158 - 176 | 169 - 190 |
| 6' 2" | 156 - 167 | 163 - 181 | 174 - 195 |
| 6' 3" | 160 - 171 | 168 - 186 | 178 - 200 |
| 6' 4" | 169 - 180 | 178 - 196 | 188 - 210 |
| 6' 5" | 174 - 185 | 182 - 202 | 192 - 216 |

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

G. R. Johnston
 (Signature of Medical Examiner)

FEB 15 1961
 (Date)

December 12, 1960

PERSONAL

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

I am indeed pleased to commend you for the outstanding attitude you exhibited in reporting for duty today despite the extremely hazardous travel conditions.

You demonstrated a most exemplary devotion to the work of the FBI in considering your services so essential that, in spite of an announcement that all Federal Government agencies would be closed, you reported for duty. I certainly appreciate your dedicated efforts and I want you to know I have instructed that a copy of this letter be placed in your personnel file.

Sincerely yours,

J. Edgar Hoover

38

Tolson _____
Mohr _____
Parsons _____
Belmont _____
Callahan _____
DeLoach _____
Malone _____
McGuire _____
Rosen _____
Tamm _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Ingram _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee

(Type or print)

Weight: 160 3/4

Last

First

Middle

Height: 69 1/2 Frame: Large

division

domestic Intelligence

The following portions of the attached examination report form need not be completed:

| | |
|----|----|
| 2 | 62 |
| 3 | 65 |
| 4 | 67 |
| 9 | 68 |
| 11 | 69 |
| 14 | 72 |
| 17 | 76 |

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☐ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☐ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☐ No ☐ Yes If "yes" please specify defects. _____

157 If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

3/ik

REC'D - ADMIN DIV
F B I

Desirable Weight Ranges for Males

| Height | Small Frame | Medium Frame | Large Frame |
|-------------|-------------|--------------|-------------|
| 5' 4" HUG 1 | 117 - 125 | 123 - 135 | 131 - 148 |
| 5' 5" | 120 - 129 | 126 - 139 | 134 - 152 |
| 5' 6" | 124 - 133 | 130 - 143 | 138 - 157 |
| 5' 7" | 128 - 137 | 134 - 148 | 143 - 162 |
| 5' 8" | 132 - 141 | 138 - 152 | 147 - 166 |
| 5' 9" | 136 - 146 | 142 - 156 | 151 - 170 |
| 5' 10" | 140 - 150 | 146 - 161 | 155 - 175 |
| 5' 11" | 144 - 154 | 150 - 166 | 160 - 180 |
| 6' | 148 - 158 | 154 - 171 | 164 - 185 |
| 6' 1" | 152 - 163 | 158 - 176 | 169 - 190 |
| 6' 2" | 156 - 167 | 163 - 181 | 174 - 195 |
| 6' 3" | 160 - 171 | 168 - 186 | 178 - 200 |
| 6' 4" | 169 - 180 | 178 - 196 | 188 - 210 |
| 6' 5" | 174 - 185 | 182 - 202 | 192 - 216 |

3. Examinee's frame is ☐ small ☐ medium ☐ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☐ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: Weight 160 ³/₄

M. Mulcahy, R.N.
(Signature of Medical Examiner)

8-1-60
(Date)

NOTIFICATION OF PERSONNEL ACTION

50-106-13

| | | | |
|---|--|---|---|
| 1. NAME (LAST [CAPS]—First—Middle—Mr.—Miss—Mrs.)
COX, PAUL L. (MR.) | | 2. DATE OF BIRTH
9-6-06 | 3. IDENTIFICATION (optional)
11910 |
| 4. THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT. GENERAL INFORMATION CONCERNING YOUR EMPLOYMENT APPEARS ON THE REVERSE SIDE OF THIS FORM. | | | |
| 5. NATURE OF ACTION (standard terminology must be used)
PROMOTION | | 6. EFFECTIVE DATE OF ACTION
7-24-60 | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
EXCEPTED BY LAW |
| FROM—
Special Agent

GS 14, \$13,510 per annum | | 8. POSITION TITLE AND NUMBER

9. SERIES, GRADE, SALARY

10. NAME AND LOCATION OF OFFICE BY WHICH EMPLOYED

11. DUTY STATION | TO—
<i>Supervisory</i>
Special Agent

GS 15, \$14,055 per annum

<i>Title chg. to Supv S.A.
Series 1811, FBI # 61-F-114
eff. 5-28-61.</i> |
| ☐ Yes | | 12. APPORTIONED POSITION

STATE: ☐ Yes ☐ Apportionment Waived ☐ Proved | |
| 13. VETERAN PREFERENCE
No ☒ 5-pt. ☐ 10-pt. Disab. ☐ 10-pt. Other ☐ | | 14. TENURE GROUP | |
| 15. POSITION OCCUPIED IS IN THE:
Competitive Service ☐ Excepted Service ☒ | | | |
| 16. APPROPRIATION
From: S. & E., FBI
To: SAME | | 17. PAYROLL DEDUCTIONS
CSR ☐ FICA ☐ FEGLI ☐ | |
| 18. DATE OF APPOINTMENT AFFIDAVITS (accessions only) | | | |
| 19. REMARKS:
☐ a. Subject to completion of 1 year probationary (or trial) period commencing:
☐ b. Service counting toward career (or permanent) tenure from:
Separations: Show reasons below, as required: Check, if applicable: ☐ c. During probation ☐ d. From appointment of 6 months or less

This promotion is temporary and will remain in effect only for the duration of this assignment. | | | |
| 67-NOT RECORDED
19 JUL 19 1960 | | <i>car</i> | |
| 20. EMPLOYING DEPARTMENT OR AGENCY
U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION | | 22. SIGNATURE (or other authentication) AND TITLE
<i>J. E. Hoover</i>
Director | |
| 21. OFFICE MAINTAINING OFFICIAL PERSONNEL FOLDER (if different than item 10, above)
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON 25, D. C. | | 23. DATE:
7-22-60 | |

HEALTH BENEFITS REGISTRATION FORM

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959
Instructions on back of last page. Use only typewrite.

all points ()

CARRIER'S CONTROL NO.

3215245

PART A
ALL WHO
REGISTER
MUST FILL
IN THIS
PART.

| | | |
|---|---|---|
| 1. NAME (LAST) (FIRST) (MIDDLE INITIAL)
COX PAUL L. | 2. DATE OF BIRTH (Use numbers)
MONTH DAY YEAR
9 6 06 | 3. Are you now married?
YES ☒ 1
NO ☐ 2 |
| 4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)
2101 Ingraham St., Hyattsville, Maryland | | 5. SEX
MALE ☒ 1
FEMALE ☐ 2 |
| 6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?
YES ☐ NO ☒ | | 7. Place an "X" in proper box to show your annual basic salary range.
UNDER \$4,000 ☐ 1 \$6,000 TO \$9,999 ☐ 3
\$4,000 TO \$5,999 ☐ 2 \$10,000 OR OVER ☒ 4 |

PART B
FILL IN THIS
PART IF YOU
WISH TO EN-
ROLL IN A
HEALTH BENEFITS
PLAN.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)

| | | |
|-----------------------------------|----------------------|--|
| NAME OF PLAN
SAMBA PLAN | OPTION (HIGH OR LOW) | ENROLLMENT CODE NUMBER
4 4 2 |
|-----------------------------------|----------------------|--|

2. In space below list all eligible family members without exception: List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

| NAMES OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | NAMES OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) |
|--------------------------------------|---|-------------------------|----------------------------------|
| Wife or Husband ARDELL L. COX | 2-3-08 ☐ 1 | | ☐ 6 |
| ROBERT G. COX | 3-21-42 ☐ 2 | | ☐ 7 |
| SUSAN L. COX | 9-20-44 ☐ 3 | | ☐ 8 |
| SHARON L. COX | 9-20-44 ☐ 4 | | ☐ 9 |
| | ☐ 5 | | ☐ 10 |

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES ☐ NO ☐

If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.

THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.

PART C
FILL IN THIS
PART IF YOU
WISH NOT TO
ENROLL OR IF
YOU WISH TO
CANCEL YOUR
ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.

| | |
|--|--|
| 1. I elect not to enroll in any plan under the Health Benefits Act. ☐ | 3. The reason for my election is (Place an "X" in proper box):
(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. ☐ 1
(b) I am covered by a health insurance plan which is not under the Health Benefits Act. ☐ 2
(c) Any other reason. ☐ 3 |
| 2. I elect to cancel my present enrollment under the Health Benefits Act. ☐ | |

PART D
FILL IN THIS
PART IF YOU
WISH TO
CHANGE YOUR
ENROLLMENT.

I elect to change my enrollment as shown by the enrollment number and other information in Part B.

| | | |
|--|--|--|
| 1. Enrollment code number of present plan.
<input type="text"/> | 2. Number of event which permits change. (See table on back of duplicate for proper number.)
<input type="text"/> | 3. Date of event which permits change.
MONTH DAY YEAR
<input type="text"/> |
|--|--|--|

PART E
ALL WHO
REGISTER
MUST FILL
IN THIS PART.

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

Paul L. Cox **6/8/60**
(YOUR SIGNATURE—DO NOT PRINT) (DATE)

PART F
TO BE
COMPLETED
BY
AGENCY.

| | | |
|---|--|--|
| 1. NAME AND ADDRESS OF EMPLOYING OFFICE
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON 25, D. C.
(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL) | 2. DATE RECEIVED IN EMPLOYING OFFICE
6-12-60 | 3. EFFECTIVE DATE OF ELECTION
JUL 1 0 1960 |
| | 4. PAYROLL OFFICE NO.
15-62-0001 | 5. PAYROLL ACTION (INITIALS AND DATE) |

REMARKS
FOR USE ONLY
BY ANNUITANTS
AND AGENCY.

*Orig sent to Voucher
Stat. 4-30-68
jms*

May 12, 1961

PERSONAL

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

Since May 12, 1941, you have capably assisted the Bureau in discharging its constantly increasing responsibilities and in recognition of your services, there is enclosed the Bureau's Twenty-Year Service Award Key.

The years which you have experienced in the Bureau embrace some of the most critical periods in the history of the organization and of our country. This has also been a period of tremendous expansion in the responsibilities which we have been called upon to discharge. In recognition of your abilities your responsibilities also increased as you progressed through the ranks to the supervisory position you now occupy in the Domestic Intelligence Division. I know these observations must be self-evident to you, because of your assignments where you have had the opportunity to observe and participate in many of our activities. I also know that much of the Bureau's success in meeting new challenges is attributable in no small degree to the interested, enthusiastic, conscientious and devoted manner which has characterized the general work performance of our experienced associates such as you.

I want you to know of my deep appreciation for your assistance in the past, and I hope our organization may have the benefit of your valued services for years to come.

With best wishes and kind regards,

Sincerely,

Tolson _____
Parsons _____
Mohr _____
Belmont _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Malone _____
Rosen _____
Tavel _____
Trotter _____
W.C. Sullivan _____
Tele. Room _____
Ingram _____
Gandy _____

Enclosure

1 - Mr. Belmont (Personal)

NEM:hmm

(4)

67-207288

APR 7 9 41 AM '61
FBI
REC'D-READING ROOM

REC-7A

67-207288-149

Searched

[Handwritten signatures and initials]

| LABORATORY FINDINGS | | | |
|---|--|---|------------------------------|
| 45. URINALYSIS: A. SPECIFIC GRAVITY | | 46. CHEST X-RAY (Place, date, film number and result) | |
| B. ALBUMIN | | 5684-62 See report. | |
| C. SUGAR | | | |
| 47. SEROLOGY (Specify test used and result) | | 48. EKG | 49. BLOOD TYPE AND RH FACTOR |
| 50. OTHER TESTS | | | |

4 FEB 15 1962

3/11/2022
2-5-62
PVC

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------|-------------------|---------------|---|---------------|--------------------------------|-------------------|---|--------------|--------------------------|--|--|------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|--|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|--|
| 51. HEIGHT
69 | | 52. WEIGHT
160 | | 53. COLOR HAIR
Gray | | 54. COLOR EYES
Brown | | 55. BUILD:
☐ SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE | | 56. TEMPERATURE
98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | | | 58. PULSE (Arm at heart level) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. SITTING | SYS. 120
DIAS. 80 | B. RECUMBENT | SYS.
DIAS. | C. STANDING (3 min.) | SYS.
DIAS. | A. SITTING
88 | B. AFTER EXERCISE | C. 2 MIN. AFTER | D. RECUMBENT | E. AFTER STANDING 3 MIN. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59. DISTANT VISION | | | | 60. REFRACTION | | | | 61. 75 M NEAR VISION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT 20/20 | | CORR. TO 20/ | | BY | | S. | | OX | | 20/12 CORR. TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT 20/20 | | CORR. TO 20/ | | BY | | S. | | OX | | 20/8 CORR. TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62. HETEROPHORIA (Specify distance) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ES° | | EX° | | R. H. | | L. H. | | PRISM DIV. | | PRISM CONV. CT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63. ACCOMMODATION | | | | 64. COLOR VISION (Test used and result)
AOC-1940 18/18 | | | | 65. DEPTH PERCEPTION (Test used and score) | | UNCORRECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT LEFT | | | | | | | | | | CORRECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66. FIELD OF VISION | | | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS TEST | | 69. INTRAOCULAR TENSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70. HEARING | | | | 71. AUDIOMETER | | | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT WV 15 /15 SV 15 /15 | | | | <table border="1"> <tr> <td></td> <td>250
256</td> <td>500
512</td> <td>1000
1024</td> <td>2000
2048</td> <td>3000
2896</td> <td>4000
4096</td> <td>6000
6144</td> <td>8000
8192</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | | 250
256 | 500
512 | 1000
1024 | 2000
2048 | 3000
2896 | 4000
4096 | 6000
6144 | 8000
8192 | RIGHT | | | | | | | | | LEFT | | | | | | | | | | |
| | 250
256 | 500
512 | 1000
1024 | 2000
2048 | 3000
2896 | 4000
4096 | 6000
6144 | 8000
8192 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEFT WV 15 /15 SV 15 /15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LEC-100

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

P. R. McEldowney

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

76. A. PHYSICAL PROFILE

| | | | | | |
|---|---|---|---|---|---|
| P | U | L | H | E | S |
| | | | | | |

B. PHYSICAL CATEGORY

| | | | |
|---|---|---|---|
| A | B | C | E |
| | | | |

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE: 1957 O-432256

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

FBI
103

| | | | |
|---|---------------------|---|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX, PAUL LESLIE | | 2. GRADE AND COMPONENT OR POSITION
SPECIAL AGENT | IDENTIFICATION NO. |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | 5. PURPOSE OF EXAMINATION
ANNUAL | 6. DATE OF EXAMINATION
1-24-62 |
| 7. SEX
M | 8. RACE
W | 9. TOTAL YEARS GOVERNMENT SERVICE
MILITARY _____ CIVILIAN _____ | |
| 10. AGENCY | | 11. ORGANIZATION UNIT | |
| 12. DATE OF BIRTH
9-6-06 | | 13. PLACE OF BIRTH
RICHMOND, INDIANA | |
| 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | | 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | |
| 16. OTHER INFORMATION | | 17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)
EXCELLENT | |

| 18. FAMILY HISTORY | | | | | 19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE? | | | |
|----------------------|-----------|------------------------|-------------------------|--------------|---|-------------------------------------|------------------------------|----------------|
| RELATION | AGE | STATE OF HEALTH | IF DEAD, CAUSE OF DEATH | AGE AT DEATH | YES | NO | (Check each item) | RELATION(S) |
| FATHER | | | OLD AGE | 85 | ☒ | | HAD TUBERCULOSIS | Brother |
| MOTHER | | | CANCER | 75 | | ☒ | HAD SYPHILIS | |
| SPOUSE | 53 | VERY GOOD | | | | ☒ | HAD DIABETES | |
| | 60 | FAIR | | | ☒ | | HAD CANCER | mother |
| BROTHERS AND SISTERS | | | | | | ☒ | HAD KIDNEY TROUBLE | |
| | | | | | | ☒ | HAD HEART TROUBLE | |
| | | | | | | ☒ | HAD STOMACH TROUBLE | |
| CHILDREN | 19 | (Son) EXCELLENT | | | | ☒ | HAD RHEUMATISM (Arthritis) | |
| | 17 | (daughter) | | | | ☒ | HAD ASTHMA, HAY FEVER, HIVES | |
| | 17 | " " | | | | ☒ | HAD EPILEPSY (Fits) | |
| | | | | | | ☒ | COMMITTED SUICIDE | |
| | | | | | | ☒ | BEEN INSANE | |

| 20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item) | | | |
|--|----|---|-------------------------------------|
| YES | NO | (Check each item) | YES |
| ☒ | | SCARLET FEVER, ERYSIPELAS | ☒ |
| ☒ | | DIPHTHERIA | ☒ |
| ☒ | | RHEUMATIC FEVER | ☒ |
| ☒ | | SWOLLEN OR PAINFUL JOINTS | ☒ |
| ☒ | | MUMPS | ☒ |
| ☒ | | WHOOPING COUGH | ☒ |
| ☒ | | FREQUENT OR SEVERE HEADACHE | ☒ |
| ☒ | | DIZZINESS OR FAINTING SPELLS | ☒ |
| ☒ | | EYE TROUBLE | ☒ |
| ☒ | | EAR, NOSE OR THROAT TROUBLE | ☒ |
| ☒ | | RUNNING EARS | ☒ |
| ☒ | | CHRONIC OR FREQUENT COLDS | ☒ |
| ☒ | | SEVERE TOOTH OR GUM TROUBLE | ☒ |
| ☒ | | SINUSITIS | ☒ |
| ☒ | | HAY FEVER | ☒ |
| ☒ | | GOITER | ☒ |
| ☒ | | TUBERCULOSIS | ☒ |
| ☒ | | SOAKING SWEATS (Night sweats) | ☒ |
| ☒ | | ASTHMA | ☒ |
| ☒ | | SHORTNESS OF BREATH | ☒ |
| ☒ | | PAIN OR PRESSURE IN CHEST | ☒ |
| ☒ | | CHRONIC COUGH | ☒ |
| ☒ | | PALPITATION OR POUNDING HEART | ☒ |
| ☒ | | HIGH OR LOW BLOOD PRESSURE | ☒ |
| ☒ | | CRAMPS IN YOUR LEGS | ☒ |
| ☒ | | FREQUENT INDIGESTION | ☒ |
| ☒ | | STOMACH, LIVER OR INTESTINAL TROUBLE | ☒ |
| ☒ | | GALL BLADDER TROUBLE OR GALL STONES | ☒ |
| ☒ | | JAUNDICE | ☒ |
| ☒ | | ANY REACTION TO SERUM, DRUG OR MEDICINE | ☒ |
| ☒ | | TUMOR, GROWTH, CYST, CANCER | ☒ |
| ☒ | | RUPTURE | ☒ |
| ☒ | | APPENDICITIS | ☒ |
| ☒ | | PILES OR RECTAL DISEASE | ☒ |
| ☒ | | FREQUENT OR PAINFUL URINATION | ☒ |
| ☒ | | KIDNEY STONE OR BLOOD IN URINE | ☒ |
| ☒ | | SUGAR OR ALBUMIN IN URINE | ☒ |
| ☒ | | BOILS | ☒ |
| ☒ | | VENEREAL DISEASE | ☒ |
| ☒ | | RECENT GAIN OR LOSS OF WEIGHT | ☒ |
| ☒ | | ARTHRITIS OR RHEUMATISM | ☒ |
| ☒ | | BONE, JOINT, OR OTHER DEFORMITY | ☒ |
| ☒ | | LAMENESS | ☒ |
| ☒ | | LOSS OF ARM, LEG, FINGER, OR TOE | ☒ |
| ☒ | | PAINFUL OR "TRICK" SHOULDER OR ELBOW | ☒ |
| ☒ | | "TRICK" OR LOCKED KNEE | ☒ |
| ☒ | | FOOT TROUBLE | ☒ |
| ☒ | | NEURITIS | ☒ |
| ☒ | | PARALYSIS (Inc. infantile) | ☒ |
| ☒ | | EPILEPSY OR FITS | ☒ |
| ☒ | | CAR, TRAIN, SEA, OR AIR SICKNESS | ☒ |
| ☒ | | FREQUENT TROUBLE SLEEPING | ☒ |
| ☒ | | FREQUENT OR TERRIFYING NIGHTMARES | ☒ |
| ☒ | | DEPRESSION OR EXCESSIVE WORRY | ☒ |
| ☒ | | LOSS OF MEMORY OR AMNESIA | ☒ |
| ☒ | | BED WETTING | ☒ |
| ☒ | | NERVOUS TROUBLE OF ANY SORT | ☒ |
| ☒ | | ANY DRUG OR NARCOTIC HABIT | ☒ |
| ☒ | | EXCESSIVE DRINKING HABIT | ☒ |
| ☒ | | HOMOSEXUAL TENDENCIES | ☒ |

| | | | |
|--|---|--|--|
| 21. HAVE YOU EVER (Check each item) | | 22. FEMALES ONLY— A. HAVE YOU EVER— B. COMPLETE THE FOLLOWING: | |
| ☒ WORN GLASSES | ☒ ATTEMPTED SUICIDE | ☒ BEEN PREGNANT | AGE AT ONSET OF MENSTRUATION |
| ☒ WORN AN ARTIFICIAL EYE | ☒ BEEN A SLEEP WALKER | ☒ HAD A VAGINAL DISCHARGE | INTERVAL BETWEEN PERIODS |
| ☒ WORN HEARING AIDS | ☒ LIVED WITH ANYONE WHO HAD TUBERCULOSIS | ☒ BEEN TREATED FOR A FEMALE DISORDER | DURATION OF PERIODS |
| ☒ STUTTERED OR STAMMERED | ☒ COUGHED UP BLOOD | ☒ HAD PAINFUL MENSTRUATION | DATE OF LAST PERIOD |
| ☒ WORN A BRACE OR BACK SUPPORT | ☒ BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION | ☒ HAD IRREGULAR MENSTRUATION | QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY |
| 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? | 24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS | 25. WHAT IS YOUR USUAL OCCUPATION? | 26. ARE YOU (Check one)
☐ RIGHT HANDED ☒ LEFT HANDED |

ENCLOSURE 67-207288-151

2-5-62
PRV

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-------------------------------------|-------------------------------------|--|
| | ☒ | 27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | ☒ | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | ☒ | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | ☒ | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | ☒ | 28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | ☒ | 29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details) |
| | ☒ | 30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details) |
| | ☒ | 31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| | ☒ | 32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| | ☒ | 33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic) |
| | ☒ | 34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| ☒ | | 35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | ☒ | 36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses) |
| | ☒ | 37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | ☒ | 38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability) |
| | ☒ | 39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

DR. John Schreiber
1716 Rhode Island Ave, N.W., WASHINGTON, D.C.
Irritation - upper palate.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

| | |
|---|-------------------------------------|
| TYPED OR PRINTED NAME OF EXAMINEE
PAUL LESLIE COX | SIGNATURE
<i>Paul Leslie Cox</i> |
|---|-------------------------------------|

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

| | | | |
|--|------|-----------------------------------|---------------------------|
| TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER | DATE | SIGNATURE
<i>P. R. McQuinn</i> | NUMBER OF ATTACHED SHEETS |
|--|------|-----------------------------------|---------------------------|

| | | | | |
|--|-----|--|-----------------|--------------|
| PATIENT'S LAST NAME — FIRST NAME — MIDDLE NAME | | | REGISTER NO. | WARD NO. |
| COX, Paul L.
FBI | | | | STAFF CLINIC |
| AGE | SEX | (Check one)
☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☐ AMBULATORY | | |
| EXAMINATION REQUESTED | | | | |
| REQUESTED BY | | | DATE OF REQUEST | |

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

| | |
|---------------|----------------|
| FILM NO. 5684 | DATE OF REPORT |
|---------------|----------------|

RADIOGRAPHIC REPORT

CHEST: 24 Jan 62. A single PA examination of the chest reveals a heart of normal size, position and contour. N specific active pulmonary is identified. There is a small area of calcification in the left lower lung field, which is thought to represent a healed granuloma. The bony thorax appears intact. The 1st rib on the left shows a congenital anomaly. CON: Essentially normal chest. EDVH:tec

Department of Radiology
 U.S. Naval Hospital
 National Naval Medical Center
 Bethesda 14, Maryland

E. D. VAN HOVE
 LT MC USN

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954)
 Bureau of the Budget
 Circular A-32 (Rev.)
 RADIOGRAPHIC REPORT
 519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

ENCLOSURE 67-207233-151

2-5-62
 DVC

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee COX PAUL LESLIE
(Type or print)
Last First Middle

The following portions of the attached examination report form need not be completed:

| | |
|----|----|
| 2 | 62 |
| 3 | 65 |
| 4 | 67 |
| 9 | 68 |
| 11 | 69 |
| 14 | 72 |
| 17 | 76 |

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No

ENCLOSURE 67-207283-151

2-562
DLK

Desirable Weight Ranges for Males

| Height | Small Frame | Medium Frame | Large Frame |
|--------|-------------|--------------|-------------|
| 5' 4" | 117 - 125 | 123 - 135 | 131 - 148 |
| 5' 5" | 120 - 129 | 126 - 139 | 134 - 152 |
| 5' 6" | 124 - 133 | 130 - 143 | 138 - 157 |
| 5' 7" | 128 - 137 | 134 - 148 | 143 - 162 |
| 5' 8" | 132 - 141 | 138 - 152 | 147 - 166 |
| 5' 9" | 136 - 146 | 142 - 156 | 151 - 170 |
| 5' 10" | 140 - 150 | 146 - 161 | 155 - 175 |
| 5' 11" | 144 - 154 | 150 - 166 | 160 - 180 |
| 6' 0" | 148 - 158 | 154 - 171 | 164 - 185 |
| 6' 1" | 152 - 163 | 158 - 176 | 169 - 190 |
| 6' 2" | 156 - 167 | 163 - 181 | 174 - 195 |
| 6' 3" | 160 - 171 | 168 - 186 | 178 - 200 |
| 6' 4" | 169 - 180 | 178 - 196 | 188 - 210 |
| 6' 5" | 174 - 185 | 182 - 202 | 192 - 216 |

REC'D - ADMIN. DIV.
FBI

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

D. R. M. Biddle
 (Signature of Medical Examiner)

Jan 24, 1969
 (Date)

8

B

| | | | | | | | | | | | |
|---|-----------------------------------|---------------------|---------------------|--|-------------|---|----------------------|--------------|-----------------|-----------------|---------|
| 1. Agency and organizational designations
FBI, U. S. DEPT. OF JUSTICE | | | | | | 2. Payroll period | | 3. Block No. | | 4. Slip No. | |
| 5. Employee's name (and social security account number when appropriate)
#11910 MR. PAUL L. COX | | | | | | 6. Grade and salary
SUPERVISORY SA GS 15 \$14,380 | | | | | |
| PAYROLL CHANGE DATA | | | | | | | | | | | |
| | BASE PAY | OVERTIME | GROSS PAY | RET. | FEDERAL TAX | BOND | F.I.C.A. | STATE TAX | GROUP LIFE INS. | | NET PAY |
| 7. Previous normal | | | | | | | | | | | |
| 8. New normal | | | | | | | | | | | |
| 9. Pay this period | | | | | | | | | | | |
| 10. Remarks: | | | | | | | 11. Appropriation(s) | | | 12. Prepared by | |
| | | | | | | | | | | 13. Audited by | |
| ☒ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase | | | | | | | | | | | |
| 14. Effective date | 15. Date last equivalent increase | 16. Old salary rate | 17. New salary rate | 18. Performance rating is satisfactory or better. | | | | | | | |
| 1-21-62 | 7-24-60 | \$14,055 | \$14,380 | 
(Signature or other authentication) | | | | | | | |
| 19. LWOP data (Fill in appropriate spaces covering LWOP during following period(s):) | | | | (Check applicable box in case of excess LWOP)
☐ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period. | | | | | | | |
| ☒ No excess LWOP ☐ Total excess LWOP | | | | 67 NOT RECORDED
 Initials of Clerk | | | | | | | |
| STANDARD FORM NO. 1126d
6 GAO 8000
1126-507 | | | | PAYROLL CHANGE SLIP — PERSONNEL COPY | | | | 3/psd | | | |

May 11, 1962

PERSONAL

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

MAY 10 5 37 PM '62
REC'D-READING ROOM
FBI

Dear Mr. Cox:

I am indeed pleased to advise that your superb services for the period April 1, 1961, to March 31, 1962, have merited an Outstanding performance rating which has been approved by the Efficiency Awards Committee of the Department. Enclosed is a copy of this rating for your retention.

In recognition of this splendid accomplishment I have approved an incentive award for you in the amount of \$300.00. The check for \$246.00, which is enclosed, represents this award less withholding tax. I do not want the occasion to pass without expressing my sincere appreciation for the dedicated and unusually competent manner in which you have handled your responsibilities during the past year.

Sincerely yours,
J. Edgar Hoover

MAILED 20
MAY 11 1962
COMM-FBI

Enclosures (2)

REC-146

1 - Mr. Sullivan (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

1 - [redacted] (Sent Direct)

AFH:bjb
(5)
67-207288

Award #858-62

MAIL ROOM ☐ TELETYPE UNIT ☐

Tolson _____
Belmont _____
Mohr _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Malone _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

REC'D W
b6
b7C

Mr. Mohr

April 27, 1962

N. P. Callahan

WILLIAM E. CLARK
Special Agent
Administrative Division

WILLIAM V. CLEVELAND
Special Agent
Special Investigative Division

PAUL L. COX
Special Agent
Domestic Intelligence Division

C. RAY DAVIDSON
Personnel Officer
Administrative Division

CHESTER L. ROGERS
Special Agent
Administrative Division

CHRISTOPHER J. MORAN
Special Agent
Training and Inspection Division

OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval annual performance ratings for Messrs. Clark, Cleveland, Cox, Davidson, Rogers and Moran, covering the period from April 1, 1961, through March 31, 1962, rating their services as Outstanding. No administrative action has been taken against any of them with the exception of Mr. Cleveland who was censured on April 18, 1961, for delayed reporting in matters under his supervision and Mr. Davidson who was censured on April 10, 1961, and November 15, 1961, for typographical errors in correspondence he prepared. Their overtime records have been satisfactory during the past year.

It is respectfully requested that these ratings be approved and that you, as the Director's Alternate on the Efficiency Awards Committee, sign both the original and copy of each of them as the Approving Official. Thereafter they must be submitted to the Deputy Attorney General in the Department for approval by the Efficiency Awards Committee. Upon approval of these ratings by the Committee, they will be returned to the Bureau and Messrs. Clark, Cleveland, Cox, Davidson, Rogers and Moran will be furnished copies of their ratings. They will also be entitled to cash incentive awards under the provisions of the Incentive Awards Plan. In this regard we have in the past given awards of \$500 to Assistant Directors and above, \$400 for officials below the level of Assistant Director who are in Grade GS 16 or above, \$300 for those in Grades GS 13 through GS 15 and \$200 for those in Grade GS 12 or below. Messrs. Clark, Cleveland, Cox, Davidson, Rogers and Moran are all in Grade GS 15.

Enclosures

RRB:crt (7)

- 1 - Personnel File of Mr. William V. Cleveland
- 1 - Personnel File of Mr. Paul L. Cox
- 1 - Personnel File of Mr. C. Ray Davidson
- 1 - Personnel File of Mr. Chester L. Rogers
- 1 - Personnel File of Mr. Christopher J. Moran

PERMANENT BRIEFS ATTACHED

67-NOT RECORDED
MAY 21

24

Memorandum to Mr. Mohr
Re: Outstanding Performance Ratings

Should you agree with the foregoing, these ratings will be forwarded to the Department for approval at such time as other Outstanding ratings have been prepared and approved in the Bureau.

RECOMMENDATION:

It is recommended that you, as the Approving Official, sign the original and copy of the attached Outstanding ratings for Messrs. Clark, Cleveland, Cox, Davidson, Rogers and Moran and that upon approval of these ratings they each be approved for an incentive award of \$300.

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE**

REPORT OF PERFORMANCE RATING

Name of Employee:

PAUL L. COX

Where Assigned: Domestic Intelligence Subversive Control Section
(Division) (Section, Unit)

Official Position Title: Special Agent - GS-15 \$14,380

Rating Period: from April 1, 1961 to March 31, 1962

ADJECTIVE RATING: OUTSTANDING
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by:

James F. Bland
SignatureSection Chief
Title4/2/62
Date

Reviewed by:

William C. Sullivan
SignatureAssistant Director
Title4/2/62
Date

Rating Approved by:

[Signature]
SignatureAssistant to
the Director
Title4/2/62
Date

REC-146

TYPE OF REPORT

| | |
|---------------|----------|
| 67-207288-153 | |
| Searched | Numbered |
| 3 MAY 21 1962 | |

(X) Official
(X) Annual

() Administrative
() 60-Day
() 90-Day
() Transfer
() Separation from Service
() Special

MAY 24 1962

NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION. UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

RECEIVED - MOHR
FBI
MAY 17 3 22 PM '62

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee PAUL L. COXTitle Special AgentRating Period: from 4/1/61 to 3/31/62

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

- Rate items as follows:
- + Outstanding (exceeding excellent and deserving of special commendation).
 - E Excellent.
 - ✓ Satisfactory (good or very good).
 - Unsatisfactory.
 - No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

1. "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - A. Any element rated "Unsatisfactory" must be supported by narrative comments.
 - B. An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|---|---|
| <ul style="list-style-type: none"> <u>+</u> (1) Personal appearance. <u>+</u> (2) Personality and effectiveness of his personal contacts. <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). <u>+</u> (4) Physical fitness (including health, energy, stamina). <u>+</u> (5) Resourcefulness and ingenuity. <u>+</u> (6) Forcefulness and aggressiveness as required. <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. <u>+</u> (9) Planning ability and its application to the work. <u>+</u> (10) Accuracy and attention to pertinent detail. <u>+</u> (11) Industry, including energetic, consistent application to duties. <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. <u>○</u> (14) Technical or mechanical skills. <u>○</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u>○</u> (a) Internal security cases <u>○</u> (b) Criminal or general investigative cases <u>○</u> (c) Fugitive cases <u>○</u> (d) Applicant cases <u>○</u> (e) Accounting cases <u>○</u> (16) Physical surveillance ability. | <ul style="list-style-type: none"> <u>+</u> (17) Firearms ability. <u>○</u> (18) Development of informants and sources of information. <u>+</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>○</u> (a) Investigative reports <u>○</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) <u>○</u> (20) Performance as a witness. <u>+</u> (21) Executive ability: <ul style="list-style-type: none"> <u>+</u> (a) Leadership <u>+</u> (b) Ability to handle personnel <u>+</u> (c) Planning <u>+</u> (d) Making decisions <u>+</u> (e) Assignment of work <u>+</u> (f) Training subordinates <u>+</u> (g) Devising procedures <u>+</u> (h) Emotional stability <u>+</u> (i) Promoting high morale <u>+</u> (j) Getting results <u>○</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>○</u> (a) As leader <u>○</u> (b) As participant <u>+</u> (23) Organizational interest, such as making of suggestions for improvement. <u>+</u> (24) Ability to work under pressure. <u>+</u> (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>+</u> Dictation ability |
|---|---|

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): Number One Man of Subversive Control Section - security matters

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): desk man

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: OUTSTANDING

EMPLOYEE'S INITIALS _____

Outstanding, Excellent, Satisfactory, Unsatisfactory

SA PAUL L. COX
GRADE GS-15

(1) Personal appearance: Mr. Cox is businesslike, self assured, dresses in good taste and his appearance inspires confidence. He makes an outstanding personal appearance.

(2) Personality: Mr. Cox is exceptionally effective in his contacts with others and has an outstanding ability to create a most favorable impression.

(3) Attitude: Mr. Cox's attitude toward his work is clearly outstanding. He is a most dependable, sincere and conscientious Bureau Agent. His enthusiastic approach to his work stimulates others to strive for higher standards of performance.

(4) Physical fitness: Mr. Cox's superior physical condition, energy and stamina enable him to handle any assignment without loss of efficiency.

(5) Resourcefulness and ingenuity: Mr. Cox's superior resourcefulness and ingenuity are consistently demonstrated through his incisive and penetrative analyses of most sensitive issues and problems. He handles a heavy volume of work with creativeness and a sense of self reliance.

(6) Forcefulness and aggressiveness: Mr. Cox is forceful and aggressive in directing the work of others and has displayed exceptional administrative and executive qualities. He exercises a high degree of tenaciousness and consistently produces outstanding results.

(7) Judgment: Mr. Cox has the ability to skillfully plan and coordinate the talents of others and has utilized this ability in increasing the efficiency of the operations under his supervision. His practical common sense and long experience in the handling of his duties have made it possible to produce outstanding results. His judgment has consistently been exceptional.

(8) Initiative: Mr. Cox has the unusual ability to analyze problems and to take appropriate action with speed and efficiency. He has shouldered the responsibilities of decision and action without hesitation.

SA PAUL L. COX
GRADE GS-15.

(9) Planning ability: Mr. Cox has the outstanding ability to plan and anticipate developments. His ability to effectively organize his work enables him to handle an unusual volume of assignments.

(10) Accuracy: Mr. Cox is an experienced investigator as well as a talented administrator. This combination results in meticulous accuracy. He does not lose sight of the need for utmost accuracy regardless of the volume of work to be done.

(11) Industry: Mr. Cox is outstanding in industry. He has the faculty to give his undivided attention to his work for the purpose of promoting the Bureau's best interests.

(12) Productivity: Mr. Cox produces a large volume of work and he is a man in whom complete confidence can be placed with the knowledge that superior standards of productivity will be achieved.

(13) Knowledge of duties: Mr. Cox has an intimate knowledge of the Bureau's work and particularly of the history and development of complicated programs and documents set up by the Bureau and the Department of Justice to handle emergency programs with regard to the internal security of the country. His knowledge has proved invaluable to the work of the Bureau.

(17) Firearms ability: Mr. Cox's demeanor on the firing line is superior. He is completely familiar with the safety regulations and operations of all of the Bureau's firearms.

(19) Reporting ability: Mr. Cox's paper work is outstanding. He has the unusual faculty of clearly and concisely recording complicated matters for the information and guidance of his superiors and fellow workers.

(21) Executive ability: Mr. Cox is Number One Man of a section which handles vitally important work of the Bureau in the security field. His advice and counsel to the personnel with whom he works are widely sought and respected. He is outstanding in his leadership qualities.

SA PAUL L. COX
GRADE GS-15

(23) Organizational interest: Mr. Cox's outstanding devotion to the Bureau's best interests has been manifested by his suggestions for improvement in the over-all operations of the Bureau. He is constantly alert on a day-to-day basis to furnish suggestions to both his subordinates and his superiors.

(24) Ability to work under pressure: Mr. Cox has the exceptional ability to handle, with speed and efficiency, his responsibilities regardless of the pressure of time and circumstances. The quality of the results produced is not diminished by the unusual pressure of the work.

(25) Dictation ability: Mr. Cox is an outstanding dictator. His manner of expression is concise and to the point and his work is thoroughly organized.

PART II - SPECIFIC COMMENTS

1. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN

. Not Applicable

2. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE

Mr. Cox is a qualified Inspector's Aide.

3. PARTICIPATION IN INFORMANT PROGRAMS

Not Applicable

4. TESTIFYING EXPERIENCE AND ABILITY

Not Applicable

5. DISCIPLINARY ACTION

Not Applicable

6. ACCOUNTING INFORMATION

Not Applicable

7. POLICE INSTRUCTION

Not Applicable

PART II - SPECIFIC COMMENTS (Continued)

8. SOUND TRAINING

Not Applicable

9. RESIDENT AGENTS

Not Applicable

10. FOREIGN LANGUAGE ABILITY - Not Applicable

Language in which proficient _____.

Completed language school _____ Yes ☐ No ☐

Fluent in _____ language to extent Agent can handle typical investigative problems as follows:

1) conversation form - Yes ☐ No ☐

2) written form - Yes ☐ No ☐

(Evaluate language proficiency in each phase as Excellent, Very Good, Good, Fair or Unsatisfactory)

| Name of Language | Read | Write | Speak | Understand |
|------------------|------|-------|-------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Frequency _____ language ability was used during the rating period:

11. ADMINISTRATIVE ADVANCEMENT:

a) Agent is interested in administrative advancement - Yes ☒ No ☐

b) Agent is completely available for administrative advancement - Yes ☒ No ☐

c) Agent is considered completely qualified at present for administrative advancement including experience, ability, personality and appearance. - Yes ☒ No ☐

d) Consider qualifications very good _____, excellent _____, outstanding X.

e) Agent has potential for future administrative advancement - Yes ☐ No ☐

REPORT OF MEDICAL EXAMINATION

FBI
88-100

| | | | |
|---|---------------------|--|---|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX, PAUL LESLIE | | 2. GRADE AND COMPONENT OR POSITION
SPECIAL AGENT | 3. IDENTIFICATION NO. |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | 5. PURPOSE OF EXAMINATION
ANNUAL | 6. DATE OF EXAMINATION
12-10-62 |
| 7. SEX
M | 8. RACE
W | 9. TOTAL YEARS GOVERNMENT SERVICE
MILITARY _____ CIVILIAN _____ | 10. AGENCY |
| 11. ORGANIZATION UNIT | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | |
| 12. DATE OF BIRTH
9-6-06 | | 13. PLACE OF BIRTH
RICHMOND, INDIANA | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
NNMC | | 16. OTHER INFORMATION | |
| 17. RATING OR SPECIALTY | | TIME IN THIS CAPACITY (Total) _____ LAST SIX MONTHS _____ | |

| NOR-
MAL | CLINICAL EVALUATION
(Check each item in appropriate column; enter "NE" if not evaluated.) | ABNOR-
MAL |
|-------------|--|---------------|
| | 18. HEAD, FACE, NECK, AND SCALP | |
| | 19. NOSE | |
| | 20. SINUSES | |
| | 21. MOUTH AND THROAT | |
| | 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) | |
| | 23. DRUMS (Perforation) | |
| | 24. EYES—GENERAL (Visual acuity and refraction, under items 69, 60 and 67) | |
| | 25. OPHTHALMOSCOPIC | |
| | 26. PUPILS (Equality and reaction) | |
| | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) | |
| | 28. LUNGS AND CHEST (Include breasts) | |
| | 29. HEART (Thrust, size, rhythm, sounds) | |
| | 30. VASCULAR SYSTEM (Varicosities, etc.) | |
| | 31. ABDOMEN AND VISCERA (Include hernia) | |
| | 32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated) | |
| | 33. ENDOCRINE SYSTEM | |
| | 34. G-U SYSTEM | |
| | 35. UPPER EXTREMITIES (Strength, range of motion) | |
| | 36. FEET | |
| | 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) | |
| | 38. SPINE, OTHER MUSCULOSKELETAL | |
| | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | |
| | 40. SKIN, LYMPHATICS | |
| | 41. NEUROLOGIC (Equilibrium tests under item 72) | |
| | 42. PSYCHIATRIC (Specify any personality deviation) | |
| | 43. PELVIC (Females only) (Check how done)
☐ VAGINAL ☐ RECTAL | |

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Prostate normal

REC-130

67-207288-155
Searched _____ Numbered 73
7 JAN 25 1963

ENCLOSURE *att*

3/1/63

| | | |
|---|-------------------------|---|
| 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)
O—Restorable teeth
/—Nonrestorable teeth
X—Missing teeth
XXX—Replaced by dentures
(6 X 8)—Fixed bridge, brackets to include abutments | | REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

<i>no defects noted</i> |
| R
I
G
H
T | L
E
F
T | |
| 1 X 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 X | 17 18 19 20 21 22 23 24 | |
| 32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17 | |

| | | | |
|---|----------------|--|--|
| 45. URINALYSIS: A. SPECIFIC GRAVITY 1.010 | | 46. CHEST X-RAY (Place, date, film number and result)
5684-62 Normal | |
| B. ALBUMIN | D. MICROSCOPIC | | |
| C. SUGAR | 48. EKG | 49. BLOOD TYPE AND RH FACTOR | |
| 47. SEROLOGY (Specify test used and result)
Neg | WNH | 50. OTHER TESTS | |

6 JAN 29 1963

1-21-63
PLC

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------|--|---------------------------------------|--|--|--|--|--|-----------------|-------------------------|--|--|--------------------------|--|--|--|
| 51. HEIGHT
69 | | 52. WEIGHT
161 | | 53. COLOR HAIR
Gray | | 54. COLOR EYES
Brown | | 55. BUILD:
☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE | | | 56. TEMPERATURE
98.6 | | | | | | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | | | 58. PULSE (Arm at heart level) | | | | | | | | | | | |
| A. SITTING
SYS. 130
DIAS. 70 | | B. RECUMBENT
SYS.
DIAS. | | C. STANDING (3 min.)
SYS.
DIAS. | | A. SITTING
88 | | B. AFTER EXERCISE | | C. 2 MIN. AFTER | | D. RECUMBENT | | E. AFTER STANDING 3 MIN. | | | |
| 59. DISTANT VISION | | | | | | 60. REFRACTION | | | | | | 61. 25 m NEAR VISION | | | | | |
| RIGHT 20/ 20 CORR. TO 20/ | | | | | | BY S. OX | | | | | | 20/ 20 CORR. TO BY | | | | | |
| LEFT 20/ 20 CORR. TO 20/ | | | | | | BY S. OX | | | | | | 20/ 20 CORR. TO BY | | | | | |
| 62. HETEROPHORIA (Specify distance) | | | | | | | | | | | | | | | | | |
| ES° | | EX° | | R. H. | | L. H. | | PRISM DIV. | | PRISM CONV. CT | | PC | | PD | | | |
| 63. ACCOMMODATION | | | | | | 64. COLOR VISION (Test used and result)
ROC 1940 18/18 | | | | | | 65. DEPTH PERCEPTION (Test used and score) | | | | | |
| RIGHT LEFT | | | | | | | | | | | | UNCORRECTED | | | | | |
| | | | | | | | | | | | | CORRECTED | | | | | |
| 66. FIELD OF VISION | | | | | | 67. NIGHT VISION (Test used and score) | | | | | | 68. RED LENS TEST | | | | | |
| | | | | | | | | | | | | 69. INTRAOCULAR TENSION | | | | | |
| 70. HEARING | | | | | | 71. AUDIOMETER | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | | | | | |
| RIGHT WV 15/15 SV 15/15 | | | | | | 250 500 1000 2000 3000 4000 6000 8000
250 518 1024 2048 4096 8192 | | | | | | | | | | | |
| LEFT WV 15/15 SV 15/15 | | | | | | RIGHT | | | | | | | | | | | |
| | | | | | | LEFT | | | | | | | | | | | |

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

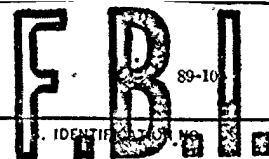
74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

None

| | | | | | | | | | | | |
|---|--|--|--|--|--|---------------------------|--|--|--|--|--|
| 75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) | | | | | | 76. A. PHYSICAL PROFILE | | | | | |
| | | | | | | P U L H E S | | | | | |
| | | | | | | | | | | | |
| 77. EXAMINEE (Check)
A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR | | | | | | B. PHYSICAL CATEGORY | | | | | |
| 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER | | | | | | A B C E | | | | | |
| | | | | | | | | | | | |
| 79. TYPED OR PRINTED NAME OF PHYSICIAN | | | | | | SIGNATURE
E. K. Hyatt | | | | | |
| 80. TYPED OR PRINTED NAME OF PHYSICIAN | | | | | | SIGNATURE | | | | | |
| 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) | | | | | | SIGNATURE | | | | | |
| 82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY | | | | | | SIGNATURE | | | | | |
| | | | | | | NUMBER OF ATTACHED SHEETS | | | | | |

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS



| | | | |
|---|------------------|--|--|
| LAST NAME—FIRST NAME—MIDDLE NAME
COX PAUL LESLIE | | GRADE AND COMPONENT OR POSITION
SPECIAL AGENT | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | PURPOSE OF EXAMINATION
ANNUAL | DATE OF EXAMINATION
12-10-62 |
| SEX
M | RACE
W | 9. TOTAL YEARS GOVERNMENT SERVICE
MILITARY _____ CIVILIAN _____ | |
| 10. AGENCY | | 11. ORGANIZATION UNIT | |
| DATE OF BIRTH
9-6-06 | | PLACE OF BIRTH
RICHMOND, INDIANA | |
| 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | | | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
NMNC | | 16. OTHER INFORMATION | |

STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

VERY GOOD

| FAMILY HISTORY | | | | | HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE? | | | |
|----------------|-----------|------------------|-------------------------|--------------|---|----------|------------------------------|----------------|
| RELATION | AGE | STATE OF HEALTH | IF DEAD, CAUSE OF DEATH | AGE AT DEATH | YES | NO | (Check each item) | RELATION(S) |
| FATHER | | | OLD AGE | 85 | X | | HAD TUBERCULOSIS | Brother |
| MOTHER | | | CANCER | 75 | | X | HAD SYPHILIS | |
| SPOUSE | 54 | VERY GOOD | | | | X | HAD DIABETES | |
| | 61 | GOOD | | | X | | HAD CANCER | mother |
| BROTHERS | | | | | | X | HAD KIDNEY TROUBLE | |
| AND | | | | | | X | HAD HEART TROUBLE | |
| SISTERS | | | | | | X | HAD STOMACH TROUBLE | |
| CHILDREN | 20 | very good | | | | X | HAD RHEUMATISM (Arthritis) | |
| | 18 | " | | | | X | HAD ASTHMA, HAY FEVER, HIVES | |
| | 18 | " | | | | X | HAD EPILEPSY (Fits) | |
| | | | | | | X | COMMITTED SUICIDE | |
| | | | | | | X | BEEN INSANE | |

HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

| YES | NO | (Check each item) | YES | NO | (Check each item) | YES | NO | (Check each item) | YES | NO | (Check each item) |
|----------|----------|------------------------------|-----|----------|---|-----|----------|--------------------------------------|-----|----------|-----------------------------------|
| | X | SCARLET FEVER, ERYSIPELAS | | X | GOITER | | X | TUMOR, GROWTH, CYST, CANCER | | X | "TRICK" OR LOCKED KNEE |
| | X | DIPHTHERIA | | X | TUBERCULOSIS | | X | RUPTURE | | X | FOOT TROUBLE |
| | X | RHEUMATIC FEVER | | X | SOAKING SWEATS (Night sweats) | | X | APPENDICITIS | | X | NEURITIS |
| | X | SWOLLEN OR PAINFUL JOINTS | | X | ASTHMA | | X | PILES OR RECTAL DISEASE | | X | PARALYSIS (Inc. infantile) |
| X | | MUMPS | | X | SHORTNESS OF BREATH | | X | FREQUENT OR PAINFUL URINATION | | X | EPILEPSY OR FITS |
| | X | WHOOPING COUGH | | X | PAIN OR PRESSURE IN CHEST | | X | KIDNEY STONE OR BLOOD IN URINE | | X | CAR, TRAIN, SEA, OR AIR SICKNESS |
| | X | FREQUENT OR SEVERE HEADACHE | | X | CHRONIC COUGH | | X | SUGAR OR ALBUMIN IN URINE | | X | FREQUENT TROUBLE SLEEPING |
| | X | DIZZINESS OR FAINTING SPELLS | | X | PALPITATION OR POUNDING HEART | | X | BOILS | | X | FREQUENT OR TERRIFYING NIGHTMARES |
| | X | EYE TROUBLE | | X | HIGH OR LOW BLOOD PRESSURE | | X | VENEREAL DISEASE | | X | DEPRESSION OR EXCESSIVE WORRY |
| X | | EAR, NOSE OR THROAT TROUBLE | | X | CRAMPS IN YOUR LEGS | | X | RECENT GAIN OR LOSS OF WEIGHT | | X | LOSS OF MEMORY OR AMNESIA |
| | X | RUNNING EARS | | X | FREQUENT INDIGESTION | | X | ARTHRITIS OR RHEUMATISM | | X | BED WETTING |
| | X | CHRONIC OR FREQUENT COLDS | | X | STOMACH, LIVER OR INTESTINAL TROUBLE | | X | BONE, JOINT, OR OTHER DEFORMITY | | X | NERVOUS TROUBLE OF ANY SORT |
| | X | SEVERE TOOTH OR GUM TROUBLE | | X | GALL BLADDER TROUBLE OR GALL STONES | | X | LAMENESS | | X | ANY DRUG OR NARCOTIC HABIT |
| | X | SINUSITIS | | X | JAUNDICE | | X | LOSS OF ARM, LEG, FINGER, OR TOE | | X | EXCESSIVE DRINKING HABIT |
| | X | HAY FEVER | | X | ANY REACTION TO SERUM, DRUG OR MEDICINE | | X | PAINFUL OR "TRICK" SHOULDER OR ELBOW | | X | HOMOSEXUAL TENDENCIES |

HAVE YOU EVER (Check each item)

| | | | | | | | |
|---|------------------------------|----------|---|---|------------------------------------|--|------------------------------|
| X | WORN GLASSES | X | ATTEMPTED SUICIDE | 22. FEMALES ONLY: A. HAVE YOU EVER— | | B. COMPLETE THE FOLLOWING: | |
| X | WORN AN ARTIFICIAL EYE | X | BEEN A SLEEP WALKER | | BEEN PREGNANT | | AGE AT ONSET OF MENSTRUATION |
| X | WORN HEARING AIDS | X | LIVED WITH ANYONE WHO HAD TUBERCULOSIS | | HAD A VAGINAL DISCHARGE | | INTERVAL BETWEEN PERIODS |
| X | STUTTERED OR STAMMERED | X | COUGHED UP BLOOD | | BEEN TREATED FOR A FEMALE DISORDER | | DURATION OF PERIODS |
| X | WORN A BRACE OR BACK SUPPORT | X | bled EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION | | HAD PAINFUL MENSTRUATION | | DATE OF LAST PERIOD |
| | | | | | HAD IRREGULAR MENSTRUATION | QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY | |
| 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? | | | | 24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS | | 25. WHAT IS YOUR USUAL OCCUPATION? | |
| | | | | | | 26. ARE YOU (Check one)
☐ RIGHT HANDED ☐ LEFT HANDED | |

ENCLOSURE

67-207288-155

1/21/63 Phe

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-----|----|--|
| | X | 27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | X | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | X | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | X | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | X | 28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | X | 29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details) |
| | X | 30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details) |
| | X | 31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| | X | 32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| | X | 33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic) |
| | X | 34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| | X | 35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | X | 36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses) |
| | X | 37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | X | 38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability) |
| | X | 39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

| | |
|---|-------------------------------------|
| TYPED OR PRINTED NAME OF EXAMINEE
PAUL LESLIE COX | SIGNATURE
<i>Paul Leslie Cox</i> |
|---|-------------------------------------|

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

| | | | |
|--|-----------------------|---------------------------------|---------------------------------------|
| TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINEE
0 | DATE
<i>1/1/68</i> | SIGNATURE
<i>[Signature]</i> | NUMBER OF ATTACHED SHEETS
1 |
|--|-----------------------|---------------------------------|---------------------------------------|

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee COX PAUL LESLIE
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

| | | |
|----|----|----|
| 2 | 14 | 68 |
| 3 | 17 | 69 |
| 4 | 62 | 72 |
| 9 | 65 | 76 |
| 11 | 67 | |

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-207288-155

1-21-63
PhC

Desirable Weight Ranges for Males

| Height | Small Frame | Medium Frame | Large Frame |
|--------|-------------|--------------|-------------|
| 5' 4" | 117 - 125 | 123 - 135 | 131 - 148 |
| 5' 5" | 120 - 129 | 126 - 139 | 134 - 152 |
| 5' 6" | 124 - 133 | 130 - 143 | 138 - 157 |
| 5' 7" | 128 - 137 | 134 - 148 | 143 - 162 |
| 5' 8" | 132 - 141 | 138 - 152 | 147 - 166 |
| 5' 9" | 136 - 146 | 142 - 156 | 151 - 170 |
| 5' 10" | 140 - 150 | 146 - 161 | 155 - 175 |
| 5' 11" | 144 - 154 | 150 - 166 | 160 - 180 |
| 6' | 148 - 158 | 154 - 171 | 164 - 185 |
| 6' 1" | 152 - 163 | 158 - 176 | 169 - 190 |
| 6' 2" | 156 - 167 | 163 - 181 | 174 - 195 |
| 6' 3" | 160 - 171 | 168 - 186 | 178 - 200 |
| 6' 4" | 169 - 180 | 178 - 196 | 188 - 210 |
| 6' 5" | 174 - 185 | 182 - 202 | 192 - 216 |

REC'D - A.C.M.N. DIV.
 JUN 7 4 46 PM '68

3. Examinee's frame is ☐ small ☒ medium ☐ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____


 (Signature of Medical Examiner)

12/10/68
 (Date)



| | | | | |
|---|--|---|--------------|-------------|
| 1. Agency and organizational designations
FBI | | 2. Payroll period | 3. Block No. | 4. Slip No. |
| 5. Employee's name (and social security account number when appropriate)
611010 MR. PAUL I. COX | | 6. Grade and salary
GS 15 Step 4 \$10.005 | | |

PAYROLL CHANGE DATA

| | BASE PAY | OVERTIME | GROSS PAY | RET. | FEDERAL TAX | BOND | F. I. C. A. | STATE TAX | GROUP LIFE INS. | HEALTH BENEFITS | NET PAY |
|--------------------|----------|----------|-----------|------|-------------|------|-------------|-----------|-----------------|-----------------|---------|
| 7. Previous normal | | | | | | | | | | | |
| 8. New normal | | | | | | | | | | | |
| 9. Pay this period | | | | | | | | | | | |

| | | |
|---|----------------------|-----------------|
| 10. Remarks

Work is of an acceptable level of competence. | 11. Appropriation(s) | 12. Prepared by |
| | | 13. Audited by |

| | | | | |
|---|---|--|--|---|
| ☒ Periodic step-increase ☐ Pay adjustment ☐ Other step-increase | | | | |
| 14. Effective date
1-20-68 | 15. Date last equivalent increase
1-21-62 | 16. Old salary rate
\$15.525 | 17. New salary rate
\$10.005 | 18. Performance rating is satisfactory or better.

(Signature or other authentication) |
| 19. LWOP data (Fill in appropriate spaces covering LWOP during following period(s))
Period(s): 101 - 20 Unit - 1968 | | | | (Check applicable box in case of excess LWOP)
☒ In pay status at end of waiting period.
☐ In LWOP status at end of waiting period. |
| ☒ No excess LWOP. Total excess LWOP. | | | | COX Initials of Clerk |

3/10/68

REPORT OF MEDICAL EXAMINATION

#5

FBI

| | | | | |
|---|--|--|--|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX PAUL LESLIE | | 2. GRADE AND COMPONENT OR POSITION
SPECIAL AGENT | | 3. IDENTIFICATION NO.
100-100000 |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | 5. PURPOSE OF EXAMINATION
ANNUAL | | 6. DATE OF EXAMINATION
11-18-63 |
| 7. SEX
M | 8. AGE
35 | 9. TOTAL YEARS GOVERNMENT SERVICE
MILITARY ☐ CIVILIAN ☐ | 10. AGENCY | 11. ORGANIZATION UNIT |
| 12. DATE OF BIRTH
9-6-06 | 13. PLACE OF BIRTH
RICHMOND, INDIANA | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
N N M C | | 16. OTHER INFORMATION | | |
| 17. RATING OR SPECIALTY | | TIME IN THIS CAPACITY (Total) | | LAST SIX MONTHS |

| CLINICAL EVALUATION | | |
|--------------------------|---|-------------------------------------|
| NOR-
MAL | (Check each item in appropriate column; enter "NE" if not evaluated.) | ABNOR-
MAL |
| ☐ | 18. HEAD, FACE, NECK, AND SCALP | ☐ |
| ☐ | 19. NOSE | ☐ |
| ☐ | 20. SINUSES | ☐ |
| ☐ | 21. MOUTH AND THROAT | ☐ |
| ☐ | 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) | ☐ |
| ☐ | 23. DRUMS (Perforation) | ☐ |
| ☐ | 24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67) | ☐ |
| ☐ | 25. OPHTHALMOSCOPIC | ☐ |
| ☐ | 26. PUPILS (Equality and reaction) | ☐ |
| ☐ | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) | ☐ |
| ☐ | 28. LUNGS AND CHEST (Include breasts) | ☐ |
| ☐ | 29. HEART (Thrust, size, rhythm, sounds) | ☐ |
| ☐ | 30. VASCULAR SYSTEM (Varicosities, etc.) | ☐ |
| ☐ | 31. ABDOMEN AND VISCERA (Include hernia) | ☐ |
| ☐ | 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated) | ☒ |
| ☐ | 33. ENDOCRINE SYSTEM | ☐ |
| ☐ | 34. G-U SYSTEM | ☒ |
| ☐ | 35. UPPER EXTREMITIES (Strength, range of motion) | ☐ |
| ☐ | 36. FEET | ☐ |
| ☐ | 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) | ☐ |
| ☐ | 38. SPINE, OTHER MUSCULOSKELETAL | ☐ |
| ☐ | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | ☐ |
| ☐ | 40. SKIN, LYMPHATICS | ☐ |
| ☐ | 41. NEUROLOGIC (Equilibrium tests under item 72) | ☐ |
| ☐ | 42. PSYCHIATRIC (Specify any personality deviation) | ☐ |
| ☐ | 43. PELVIC (Females only) (Check how done) | ☐ |
| | ☐ VAGINAL ☐ RECTAL | |

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

+ ENCLOSURE att

32. Hemorrhoids, external
34. Mild prostatic hypertrophy, minimal

| | |
|---------------|----------|
| 67-207280-159 | |
| Searched | Numbered |
| 10 JAN 2 1964 | |

REC-135

(Continue in item 73)

| | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------------|
| 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.) | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> ○—Restorable teeth
/—Nonrestorable teeth X—Missing teeth
XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments </div> | | | | | | | | | | | | | | | | | |
| R
I
G
H
T | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L
E
F
T |
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Type 3
Class 2
Caries as noted

| | | | |
|---|------------------------------|---|-----------------|
| 45. URINALYSIS: A. SPECIFIC GRAVITY | | 46. CHEST X-RAY (Place, date, film number and result) | |
| B. ALBUMIN | 1.011 / report dated 12-6-63 | 21014-63 See reports (2). | |
| C. SUGAR | neg | 3/jpg | |
| 47. SEROLOGY (Specify test used and result) | 48. EKG | 49. BLOOD TYPE AND RH FACTOR | 50. OTHER TESTS |
| neg | WNL | | |

4 JAN 6, 1964

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | | | | | | |
|---|--|-------------------------------------|--|---|--|-------------------------|--|--|--|-----------------|--|--|--|--------------------------|--|
| 51. HEIGHT
5' 9" | | 52. WEIGHT
164 1/2 | | 53. COLOR HAIR
Gray | | 54. COLOR EYES
Brown | | 55. BUILD:
☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE | | | | 56. TEMPERATURE | | | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | | | | | 58. PULSE (Arm at heart level) | | | | | | | |
| A. SITTING
SYS. 116
DIA. 78 | | B. RECUMBENT
SYS. 116
DIA. 78 | | C. STANDING (3 min.)
SYS. 116
DIA. 78 | | A. SITTING
78 | | B. AFTER EXERCISE | | C. 2 MIN. AFTER | | D. RECUMBENT | | E. AFTER STANDING 3 MIN. | |
| 59. DISTANT VISION | | | | 60. REFRACTION | | | | 61. 75m NEAR VISION | | | | | | | |
| RIGHT 20/20 | | CORR. TO 20/ | | BY | | S. | | OX | | 24/8 | | CORR. TO | | BY | |
| LEFT 20/20 | | CORR. TO 20/ | | BY | | S. | | OX | | 24/6 | | CORR. TO | | BY | |
| 62. HETEROPHORIA (Specify distance) | | | | | | | | | | | | | | | |
| ES° | | EX° | | R. H. | | L. H. | | PRISM DIV. | | PRISM CONV. CT | | PC | | PD | |
| 63. ACCOMMODATION | | | | 64. COLOR VISION (Test used and result) | | | | 65. DEPTH PERCEPTION (Test used and score) | | | | UNCORRECTED | | | |
| RIGHT LEFT | | | | AOC 1940 18/18 | | | | | | | | CORRECTED | | | |
| 66. FIELD OF VISION | | | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS TEST | | | | 69. INTRAOCULAR TENSION | | | |
| 70. HEARING | | | | 71. AUDIOMETER | | | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | | | |
| RIGHT WV 15/15 SV 15/15 | | | | 250 256 500 618 1000 1024 2000 2048 3000 3396 4000 4096 6000 6144 8000 8192 | | | | | | | | | | | |
| LEFT WV 15/15 SV 15/15 | | | | RIGHT | | | | | | | | | | | |
| | | | | LEFT | | | | | | | | | | | |

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

32 - Hemorrhoids, external

34 - Mild prostatic hypertrophy

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

EKG.

76. A. PHYSICAL PROFILE

| P | U | L | H | E | S |
|---|---|---|---|---|---|
| | | | | | |

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

| A | B | C | E |
|---|---|---|---|
| | | | |

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

PATIENT'S LAST NAME—FIRST NAME—MIDDLE

REGIS

OB1

STAFF CLINIC

COX PAUL LESLIE

5'9" - 163 lbs

AGE

SEX

(Check one)

57

M

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED
PATIENT☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

11-18-63

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

21014-63

DATE OF REPORT

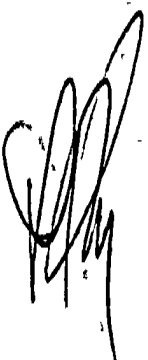
11-18-63

RADIOGRAPHIC REPORT

TYPED 20 NOV

EXAMINATION OF THE CHEST is normal at this time. Incidentally noted is a calcified primary complex in the left lower lobe. FILM:vm

Department of Radiology
U. S. Naval Hospital
National Naval Medical Center
Bethesda 14, Maryland



5684-62 NMMC 12-10-62

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

PATIENT'S LAST NAME--FIRST NAME--MIDDLE NAME

REGISTER NO.

WARD NO.

F B I

STAFF CLINIC

COX, PAUL LESLIE

AGE

SEX

(Check one)

57

M

☐ BEDSIDE, WHEELCHAIR, OR STRETCHER

☐ BED PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

PA & LATERAL

REQUESTED BY

M. L. PETWAY, LT, MC

DATE OF REQUEST

12-6-63

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

NNMC report dated 11-18-63 revealed that the examination of the chest was normal at that time. However, it was noted that a calcific primary complex was noted in the left lower lobe. Accordingly, he makes his appearance for the above requested films.

FILM NO.

21014-63

DATE OF REPORT

9 DEC 63

RADIOGRAPHIC REPORT

TYPED 11 DEC

PA AND LATERAL PROJECTIONS OF THE CHEST show a small calcified granuloma in the left lower lung field, with some associated hilar calcification on the left. The lung fields are free of active infiltration. The heart and mediastinal shadows are normal.

IMPRESSION: There is no X-ray evidence of active heart or lung disease. MJC:vm

21014-63 NNMC 11-18-63 Department of Radiology
U. S. Naval Hospital
National Naval Medical Center
Bethesda 14, Maryland

67-207288-159

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT
519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

ENCLOSURE

M. J. CERNEY
LT MC USN

REPORT OF MEDICAL HISTORY
THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

FBI

| | | | | | |
|---|---------------------|--|------------------------------------|--|-----------------------|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX, PAUL LESLIE | | 2. GRADE AND COMPONENT OR POSITION
SPECIAL AGENT | | 3. IDENTIFICATION NO. | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | 5. PURPOSE OF EXAMINATION
ANNUAL | | 6. DATE OF EXAMINATION
11-18-63 | |
| 7. SEX
M | 8. RACE
W | 9. TOTAL YRS. GOVT. SERVICE
MILITARY CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE | | 11. ORGANIZATION UNIT |
| 12. DATE OF BIRTH
9-6-06 | | 13. PLACE OF BIRTH
RICHMOND, INDIANA | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | | | 16. OTHER INFORMATION | | |

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

EXCELLENT

| 18. FAMILY HISTORY | | | | | 19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE | | | |
|----------------------|-----------|------------------|-------------------------|--------------|--|-------------------------------------|------------------------------|----------------|
| RELATION | AGE | STATE OF HEALTH | IF DEAD, CAUSE OF DEATH | AGE AT DEATH | YES | NO | (Check each item) | RELATION(S) |
| FATHER | | | OLD AGE | 85 | ☒ | | HAD TUBERCULOSIS | Brother |
| MOTHER | | | CANCER | 72 | | ☒ | HAD SYPHILIS | |
| SPOUSE | 55 | VERY GOOD | | | | ☒ | HAD DIABETES | |
| | 62 | GOOD | | | ☒ | | HAD CANCER | mother |
| BROTHERS AND SISTERS | | | | | | ☒ | HAD KIDNEY TROUBLE | |
| | | | | | | ☒ | HAD HEART TROUBLE | |
| | | | | | | ☒ | HAD STOMACH TROUBLE | |
| CHILDREN | 21 | EXCELLENT | | | | ☒ | HAD RHEUMATISM (Arthritis) | |
| | 19 | " | | | | ☒ | HAD ASTHMA, HAY FEVER, HIVES | |
| | 19 | " | | | | ☒ | HAD EPILEPSY (Fits) | |
| | | | | | | ☒ | COMMITTED SUICIDE | |
| | | | | | | ☒ | BEEN INSANE | |

| 20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item) | | | | | | | | |
|--|----|------------------------------|-------------------------------------|----|---|-------------------------------------|----|--------------------------------------|
| YES | NO | (Check each item) | YES | NO | (Check each item) | YES | NO | (Check each item) |
| ☒ | | SCARLET FEVER, ERYSIPELAS | ☒ | | GOITER | ☒ | | TUMOR, GROWTH, CYST, CANCER |
| ☒ | | DIPHTHERIA | ☒ | | TUBERCULOSIS | ☒ | | RUPTURE |
| ☒ | | RHEUMATIC FEVER | ☒ | | SOAKING SWEATS (Night sweats) | ☒ | | APPENDICITIS |
| ☒ | | SWOLLEN OR PAINFUL JOINTS | ☒ | | ASTHMA | ☒ | | PILES OR RECTAL DISEASE |
| ☒ | | MUMPS | ☒ | | SHORTNESS OF BREATH | ☒ | | FREQUENT OR PAINFUL URINATION |
| ☒ | | WHOOPING COUGH | ☒ | | PAIN OR PRESSURE IN CHEST | ☒ | | KIDNEY STONE OR BLOOD IN URINE |
| ☒ | | FREQUENT OR SEVERE HEADACHE | ☒ | | CHRONIC COUGH | ☒ | | SUGAR OR ALBUMIN IN URINE |
| ☒ | | DIZZINESS OR FAINTING SPELLS | ☒ | | PALPITATION OR POUNDING HEART | ☒ | | BOILS |
| ☒ | | EYE TROUBLE | ☒ | | HIGH OR LOW BLOOD PRESSURE | ☒ | | VENEREAL DISEASE |
| ☒ | | EAR, NOSE OR THROAT TROUBLE | ☒ | | CRAMPS IN YOUR LEGS | ☒ | | RECENT GAIN OR LOSS OF WEIGHT |
| ☒ | | RUNNING EARS | ☒ | | FREQUENT INDIGESTION | ☒ | | ARTHRITIS OR RHEUMATISM |
| ☒ | | CHRONIC OR FREQUENT COLDS | ☒ | | STOMACH, LIVER OR INTESTINAL TROUBLE | ☒ | | BONE, JOINT, OR OTHER DEFORMITY |
| ☒ | | SEVERE TOOTH OR GUM TROUBLE | ☒ | | GALL BLADDER TROUBLE OR GALL STONES | ☒ | | LAMENESS |
| ☒ | | SINUSITIS | ☒ | | JAUNDICE | ☒ | | LOSS OF ARM, LEG, FINGER, OR TOE |
| ☒ | | HAY FEVER | ☒ | | ANY REACTION TO SERUM, DRUG OR MEDICINE | ☒ | | PAINFUL OR "TRICK" SHOULDER OR ELBOW |

| | | | | | |
|---|------------------------------|---|---|---|--|
| 21. HAVE YOU EVER (Check each item) | | 22. FEMALES ONLY: A. HAVE YOU EVER— | | B. COMPLETE THE FOLLOWING: | |
| ☒ | WORN GLASSES | ☒ | ATTEMPTED SUICIDE | ☐ | AGE AT ONSET OF MENSTRUATION |
| ☒ | WORN AN ARTIFICIAL EYE | ☒ | BEEN A SLEEP WALKER | ☐ | INTERVAL BETWEEN PERIODS |
| ☒ | WORN HEARING AIDS | ☒ | LIVED WITH ANYONE WHO HAD TUBERCULOSIS | ☐ | DURATION OF PERIODS |
| ☒ | STUTTERED OR STAMMERED | ☒ | COUGHED UP BLOOD | ☐ | DATE OF LAST PERIOD |
| ☒ | WORN A BRACE OR BACK SUPPORT | ☒ | bled excessively after injury or tooth extraction | ☐ | QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY |
| 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? | | 24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS | | 25. WHAT IS YOUR USUAL OCCUPATION? | |
| | | | | 26. ARE YOU (Check one)
☐ RIGHT HANDED ☐ LEFT HANDED | |

ENCLOSURE

67-207288-159

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-----|-------------------------------------|--|
| | ☒ | 27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | ☒ | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | ☒ | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | ☒ | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | ☒ | 28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | ☒ | 29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details) |
| | ☒ | 30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details) |
| | ☒ | 31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| | ☒ | 32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| | ☒ | 33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic) |
| | ☒ | 34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| | ☒ | 35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | ☒ | 36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses) |
| | ☒ | 37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | ☒ | 38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability) |
| | ☒ | 39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

PAUL LESLIE COX

SIGNATURE

Paul Leslie Cox

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAM

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee COX PAUL LESLIE
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

| | | |
|----|----|----|
| 2 | 14 | 68 |
| 3 | 17 | 69 |
| 4 | 62 | 72 |
| 9 | 65 | 76 |
| 11 | 67 | |

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-207288-159

Desirable Weight Ranges for Males

| Height | Small Frame | Medium Frame | Large Frame |
|--------|-------------|--------------|-------------|
| 5' 4" | 117 - 125 | 123 - 135 | 131 - 148 |
| 5' 5" | 120 - 129 | 126 - 139 | 134 - 152 |
| 5' 6" | 124 - 133 | 130 - 143 | 138 - 157 |
| 5' 7" | 128 - 137 | 134 - 148 | 143 - 162 |
| 5' 8" | 132 - 141 | 138 - 152 | 147 - 166 |
| 5' 9" | 136 - 146 | 142 - 156 | 151 - 170 |
| 5' 10" | 140 - 150 | 146 - 161 | 155 - 175 |
| 5' 11" | 144 - 154 | 150 - 166 | 160 - 180 |
| 6' | 148 - 158 | 154 - 171 | 164 - 185 |
| 6' 1" | 152 - 163 | 158 - 176 | 169 - 190 |
| 6' 2" | 156 - 167 | 163 - 181 | 174 - 195 |
| 6' 3" | 160 - 171 | 168 - 186 | 178 - 200 |
| 6' 4" | 169 - 180 | 178 - 196 | 188 - 210 |
| 6' 5" | 174 - 185 | 182 - 202 | 192 - 216 |

3. Examinee's frame is ☐ small ☐ medium ☒ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose _____ pounds ☐ gain _____ pounds

Remarks: _____

Qualified: 12/11/63

M. L. Pet

(Signature of Medical Examiner)

11-18-63

(Date)

#5

| 17. RATING OR SPECIALTY | TIME IN THIS CAPACITY (Total) | LAST SIX MONTHS |
|-------------------------|-------------------------------|-----------------|
| 2nd grade | | |

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Number before each
(necessary.)

Revised
Pre

REC-136

67-207288-162
DEC 31 1967

#50 Cervical spine - See Xray report.

5-10-23 att 3/Jan

(Continue in item 73)

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

(6 X 8)—Fixed bridge, brackets to include abutments

| | | | | | | | | | | | | | | | | | |
|-------|--------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------|
| RIGHT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | LEFT |
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |

DEFECTS AND DISEASES

Type 3
Class 1
No defects noted

LABORATORY FINDINGS

| | | | |
|---|--|--|--|
| 45. URINALYSIS: A. SPECIFIC GRAVITY | | 46. CHEST X-RAY (Place, date, film number and result) | |
| B. ALBUMIN | | 30738-64 Normal. | |
| C. SUGAR | | | |
| 47. SEROLOGY (Specify test used and result) | | 49. BLOOD TYPE AND RH FACTOR | |
| 48. EKG | | 50. OTHER TESTS | |
| 56. ILL INCLINED WNT | | Upper GI series - See report
Orthopedics - See consult. | |

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | | |
|---|--------------------|------------------------|-------------------------|---|----------------|--------------|-------|--|-----------------|--|--|
| 51. HEIGHT
159 3/4 | 52. WEIGHT
515" | 53. COLOR HAIR
GRAY | 54. COLOR EYES
BROWN | 55. BUILD:
(Check one) | SLENDER | MEDIUM | HEAVY | OBESE | 56. TEMPERATURE | | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | 58. PULSE (Arm at heart level) | | | | | | | |
| A. SITTING | | B. AFTER EXERCISE | | C. 2 MIN. AFTER | | D. RECUMBENT | | E. AFTER STANDING 3 MIN. | | | |
| SYS. 126 | DIAS. 84 | SYS. 100 | DIAS. 100 | | | | | | | | |
| 59. DISTANT VISION | | | | 60. REFRACTION | | | | 61. NEAR VISION | | | |
| RIGHT 20/20 | | CORR. TO 20/ | | BY S. | | OX | | 24/14 CORR. TO BY | | | |
| LEFT 20/20 | | CORR. TO 20/ | | BY S. | | OX | | 24/14 CORR. TO BY | | | |
| 62. HETEROPHORIA (Specify distance) | | | | | | | | | | | |
| ES° | EX° | R. H. | L. H. | PRISM DIV. | PRISM CONV. CT | PC | PD | | | | |
| 63. ACCOMMODATION | | | | 64. COLOR VISION (Test used and result) | | | | 65. DEPTH PERCEPTION (Test used and score) | | | |
| RIGHT | | LEFT | | AOC 1940 15/17 | | | | UNCORRECTED | | | |
| 66. FIELD OF VISION | | | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS TEST | | | |
| 69. INTRAOCULAR TENSION | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | | | | | | | |
| 70. HEARING | | | | 71. AUDIOMETER | | | | | | | |
| RIGHT WV 15 /15 SV 15 /15 | | | | 250 250 500 512 1000 1024 2000 2018 3000 2896 4000 4096 6000 6144 8000 8192 | | | | | | | |
| LEFT WV 15 /15 SV 15 /15 | | | | RIGHT | | | | | | | |
| | | | | LEFT | | | | | | | |
| 73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY | | | | | | | | | | | |

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Possible cervical or thoracic disc disease

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Orthopedics for evaluation

76. A. PHYSICAL PROFILE

| | | | | | |
|---|---|---|---|---|---|
| P | U | L | H | E | S |
| | | | | | |

B. PHYSICAL CATEGORY

| | | | |
|---|---|---|---|
| A | B | C | E |
| | | | |

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

Th. Reed

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION OR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

F.B.I. 89-108
IDENTIFICATION NO.

| | | | |
|---|--|---|---|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX, PAUL L. | | 2. GRADE AND COMPONENT OR POSITION
SPECIAL AGENT-4315 | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | 5. PURPOSE OF EXAMINATION
ANNUAL PHYSICAL | 6. DATE OF EXAMINATION
10-27-64 |
| 7. SEX
MALE | 9. TOTAL YEARS GOVERNMENT SERVICE
MILITARY _____ CIVILIAN _____ | 10. AGENCY | 11. ORGANIZATION UNIT |
| 12. DATE OF BIRTH
9-6-06 | 13. PLACE OF BIRTH
RICHMOND, INDIANA | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
7 | | 16. OTHER INFORMATION | |

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)
GOOD - EXCEPT COMMENTS UNDER ITEM #35.

| 18. FAMILY HISTORY | | | | | 19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE | | |
|----------------------|-----------|------------------|-------------------------|--------------|--|----|----------------|
| RELATION | AGE | STATE OF HEALTH | IF DEAD, CAUSE OF DEATH | AGE AT DEATH | YES | NO | RELATION(S) |
| FATHER | | | OLD AGE | 85 | X | | BROTHER |
| MOTHER | | | CANCER | 75 | | | |
| SPOUSE | 56 | GOOD | | | | | |
| | 62 | FAIR | | | X | | MOTHER |
| BROTHERS AND SISTERS | | | | | | | |
| CHILDREN | 22 | EXCELLENT | | | | | |
| | 20 | " | | | | | |
| | 20 | " | | | | | |

| 20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item) | | | |
|--|-------------------------------------|---|-------------------------------------|
| YES | NO | (Check each item) | YES |
| | ☒ | SCARLET FEVER, ERYSIPELAS | ☒ |
| | ☒ | DIPHTHERIA | ☒ |
| | ☒ | RHEUMATIC FEVER | ☒ |
| | ☒ | SWOLLEN OR PAINFUL JOINTS | ☒ |
| ☒ | | MUMPS | ☒ |
| | ☒ | WHOOPING COUGH | ☒ |
| | ☒ | FREQUENT OR SEVERE HEADACHE | ☒ |
| | ☒ | DIZZINESS OR FAINTING SPELLS | ☒ |
| | ☒ | EYE TROUBLE | ☒ |
| | ☒ | EAR, NOSE OR THROAT TROUBLE | ☒ |
| | ☒ | RUNNING EARS | ☒ |
| | ☒ | CHRONIC OR FREQUENT COLDS | ☒ |
| | ☒ | SEVERE TOOTH OR GUM TROUBLE | ☒ |
| | ☒ | SINUSITIS | ☒ |
| | ☒ | HAY FEVER | ☒ |
| | ☒ | GOITER | ☒ |
| | ☒ | TUBERCULOSIS | ☒ |
| | ☒ | SOAKING SWEATS (Night sweats) | ☒ |
| | ☒ | ASTHMA | ☒ |
| | ☒ | SHORTNESS OF BREATH | ☒ |
| | ☒ | PAIN OR PRESSURE IN CHEST | ☒ |
| | ☒ | CHRONIC COUGH | ☒ |
| | ☒ | PALPITATION OR POUNDING HEART | ☒ |
| | ☒ | HIGH OR LOW BLOOD PRESSURE | ☒ |
| | ☒ | CRAMPS IN YOUR LEGS | ☒ |
| | ☒ | FREQUENT INDIGESTION | ☒ |
| | ☒ | STOMACH, LIVER OR INTESTINAL TROUBLE | ☒ |
| | ☒ | GALL BLADDER TROUBLE OR GALL STONES | ☒ |
| | ☒ | JAUNDICE | ☒ |
| | ☒ | ANY REACTION TO SERUM, DRUG OR MEDICINE | ☒ |
| | ☒ | TUMOR, GROWTH, CYST, CANCER | ☒ |
| | ☒ | RUPTURE | ☒ |
| | ☒ | APPENDICITIS | ☒ |
| | ☒ | PILES OR RECTAL DISEASE | ☒ |
| | ☒ | FREQUENT OR PAINFUL URINATION | ☒ |
| | ☒ | KIDNEY STONE OR BLOOD IN URINE | ☒ |
| | ☒ | SUGAR OR ALBUMIN IN URINE | ☒ |
| | ☒ | BOILS | ☒ |
| | ☒ | VENEREAL DISEASE | ☒ |
| | ☒ | RECENT GAIN OR LOSS OF WEIGHT | ☒ |
| | ☒ | ARTHRITIS OR RHEUMATISM | ☒ |
| | ☒ | BONE, JOINT, OR OTHER DEFORMITY | ☒ |
| | ☒ | LAMENESS | ☒ |
| | ☒ | LOSS OF ARM, LEG, FINGER, OR TOE | ☒ |
| | ☒ | PAINFUL OR "TRICK" SHOULDER OR ELBOW | ☒ |
| | ☒ | "TRICK" OR LOCKED KNEE | ☒ |
| | ☒ | FOOT TROUBLE | ☒ |
| | ☒ | NEURITIS | ☒ |
| | ☒ | PARALYSIS (Inc. infantile) | ☒ |
| | ☒ | EPILEPSY OR FITS | ☒ |
| | ☒ | CAR, TRAIN, SEA, OR AIR SICKNESS | ☒ |
| | ☒ | FREQUENT TROUBLE SLEEPING | ☒ |
| | ☒ | FREQUENT OR TERRIFYING NIGHTMARES | ☒ |
| | ☒ | DEPRESSION OR EXCESSIVE WORRY | ☒ |
| | ☒ | LOSS OF MEMORY OR AMNESIA | ☒ |
| | ☒ | BED WETTING | ☒ |
| | ☒ | NERVOUS TROUBLE OF ANY SORT | ☒ |
| | ☒ | ANY DRUG OR NARCOTIC HABIT | ☒ |
| | ☒ | EXCESSIVE DRINKING HABIT | ☒ |
| | ☒ | HOMOSEXUAL TENDENCIES | ☒ |

| | | | | | |
|--|---|--|--|----------------------------|--|
| 21. HAVE YOU EVER (Check each item) | | 22. FEMALES ONLY: A. HAVE YOU EVER— | | B. COMPLETE THE FOLLOWING: | |
| ☒ WORN GLASSES | ☒ ATTEMPTED SUICIDE | ☒ BEEN PREGNANT | AGE AT ONSET OF MENSTRUATION | | |
| ☒ WORN AN ARTIFICIAL EYE | ☒ BEEN A SLEEP WALKER | ☒ HAD A VAGINAL DISCHARGE | INTERVAL BETWEEN PERIODS | | |
| ☒ WORN HEARING AIDS | ☒ LIVED WITH ANYONE WHO HAD TUBERCULOSIS | ☒ BEEN TREATED FOR A FEMALE DISORDER | DURATION OF PERIODS | | |
| ☒ STUTTERED OR STAMMERED | ☒ COUGHED UP BLOOD | ☒ HAD PAINFUL MENSTRUATION | DATE OF LAST PERIOD | | |
| ☒ WORN A BRACE OR BACK SUPPORT | ☒ BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION | ☒ HAD IRREGULAR MENSTRUATION | QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY | | |
| 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? | 24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS | 25. WHAT IS YOUR USUAL OCCUPATION? | 26. ARE YOU (Check one)
☐ RIGHT HANDED ☐ LEFT HANDED | | |

67-307288-162

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-----|----|--|
| | ✓ | 27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | ✓ | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | ✓ | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | ✓ | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | ✓ | 28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | ✓ | 29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details) |
| | ✓ | 30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details) |
| | ✓ | 31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| | ✓ | 32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| | ✓ | 33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic) |
| | ✓ | 34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| ✓ | | 35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | ✓ | 36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses) |
| | ✓ | 37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | ✓ | 38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability) |
| | ✓ | 39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

35) Doctors H.A. HORSTMAN, 915 19th ST., N.W., WASHINGTON, D.C., and F.M. TAOZZO, 3415 HAMILTON ST., WYATTSVILLE, MD., CONSULTED RE CONTINUING DISCOMFORT RIGHT SIDE OF CHEST, SHOULDER AND BACK. CAUSE UNDETERMINED TO DATE.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

PAUL L COX

SIGNATURE

Paul L. Cox

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

#35 To be examined by
orthopedists concerning
this problem

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINEE

DATE

SIGNATURE

Paul L. Cox

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

Orthopedics

FROM: (Requesting ward, unit, or activity)

Staff Clinic

DATE OF REQUEST

10-27-64

REASON FOR REQUEST (Complaints and findings)

Hx of trauma to back 2 yrs ago. 8 month hx of intermittent upper back pain and @ chest "fullness," relieved by lying down, sleeping on floor, and taping abdomen.

PROVISIONAL DIAGNOSIS

Pto con. w thoracic disc disease

DOCTOR'S SIGNATURE

H. K. K. K.

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ EMERGENCY

☒ ROUTINE

CONSULTATION REPORT

11-9-64 @ 0900 Dr. Hershman

No pain. Feeling of swelling at chest. No back problems from injury. None at present. Qx reveals. Normal chest expansion. No masses or tenderness over chest. Auscultation normal. No abnormal nodes.

X-ray neg. Impression: No objection under of orthopedic disease.

(Continued on reverse side)

SIGNATURE AND TITLE

Dr. Hershman

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

CONSULTATION SHEET
Standard Form 513
513-104-02

COX FL 5-38-06
9-6-66 FBI

10-27-64

67-2 072-162-

| | | | | |
|----------------------------------|-----|---|-----------------|--------------|
| PATIENT'S LAST NAME - FIRST NAME | | MIDDLE NAME | REGISTER NO. | WARD NO. |
| COX PL 5-38-06 | | | 4132 | Staff Clinic |
| 9-6-06 FBI | | | | |
| 10-27-64 | | | | |
| AGE | SEX | (Check one) | | |
| 58 | M | ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☐ AMBULATORY | | |
| EXAMINATION REQUESTED | | | | |
| C-Spine Thoracic spine | | | | |
| REQUESTED BY | | | DATE OF REQUEST | |
| RA Reel | | | 10-27-64 | |

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Hx of Cerv. & Thoracic disc disease; recent remission of back & @ side pain.

| | | | |
|----------|----------|----------------|-----------|
| FILM NO. | 20738-64 | DATE OF REPORT | 28 OCT 64 |
|----------|----------|----------------|-----------|

RADIOGRAPHIC REPORT

TYPED 29 OCT

FIVE-FILM STUDY OF THE CERVICAL SPINE shows no osseous or joint abnormality. AP AND LATERAL PROJECTIONS OF THE DORSAL SPINE ARE RADIOGRAPHICALLY NORMAL. MJC:vm

Department of Radiology
U. S. Naval Hospital
National Naval Medical Center
Bethesda 14, Maryland

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954)-
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT
519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

M. J. CERNY
LCDR MC USN

| | | | |
|--|-----|---|--------------|
| PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME | | REGISTER NO. | WARD NO. |
| COX PL 5-38-06 | | J.B.3. | Staff Clinic |
| 9-6-06 FBI | | | |
| 10-27-64 | | | |
| AGE | SEX | (Check one) | |
| 58 | M | ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☐ AMBULATORY | |
| EXAMINATION REQUESTED | | | |
| Upper GI Series | | | |
| REQUESTED BY | | DATE OF REQUEST | |
| RA Reel | | 10-27-64 | |

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

RUQ pressure pain for past 8 months; R/o intestinal hernia

| | | | |
|----------|----------|----------------|-----------|
| FILM NO. | 20738-64 | DATE OF REPORT | 28 OCT 64 |
|----------|----------|----------------|-----------|

RADIOGRAPHIC REPORT

TYPED 29 OCT

UPPER GI SERIES: Normal upper GI series. An incidental finding is a small diverticulum arising from the superior portion of the 4th part of the duodenum. MJC:vm

Department of Radiology
U. S. Naval Hospital
National Naval Medical Center
Bethesda 14, Maryland

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954)-
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT
519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

M. J. CERNY
LCDR MC USN

2 ENDOCRINE 17-10-64 162

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

COX PAUL LESLIE
Last First Middle

The following portions of the attached examination report form need not be completed:

| | | |
|----|----|----|
| 2 | 14 | 68 |
| 3 | 17 | 69 |
| 4 | 62 | 72 |
| 9 | 65 | 76 |
| 11 | 67 | |

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

67-80788-1629

Desirable Weight Ranges for Males

| Height | Small Frame | Medium Frame | Large Frame |
|--------|-------------|--------------|-------------|
| 5' 4" | 117 - 125 | 123 - 135 | 131 - 148 |
| 5' 5" | 120 - 129 | 126 - 139 | 134 - 152 |
| 5' 6" | 124 - 133 | 130 - 143 | 138 - 157 |
| 5' 7" | 128 - 137 | 134 - 148 | 143 - 162 |
| 5' 8" | 132 - 141 | 138 - 152 | 147 - 166 |
| 5' 9" | 136 - 146 | 142 - 156 | 151 - 170 |
| 5' 10" | 140 - 150 | 146 - 161 | 155 - 175 |
| 5' 11" | 144 - 154 | 150 - 166 | 160 - 180 |
| 6' | 148 - 158 | 154 - 171 | 164 - 185 |
| 6' 1" | 152 - 163 | 158 - 176 | 169 - 190 |
| 6' 2" | 156 - 167 | 163 - 181 | 174 - 195 |
| 6' 3" | 160 - 171 | 168 - 186 | 178 - 200 |
| 6' 4" | 169 - 180 | 178 - 196 | 188 - 208 |
| 6' 5" | 174 - 185 | 182 - 202 | 192 - 216 |

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Ka Reed
 (Signature of Medical Examiner)

10-27-64
 (Date)

April 26, 1965

PERSONAL

APR 26 3 55 PM '65
REC'D-READING ROOM
FBI

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

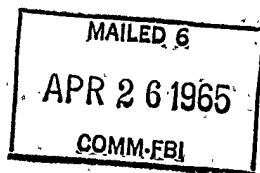
Dear Mr. Cox:

I am taking this occasion to advise that your superior services from April 1, 1964, to March 31, 1965, have merited an Outstanding performance rating, which has been approved by the Departmental Committee on Incentive Awards. There is enclosed a copy of this rating which you may retain.

In recognition of this achievement, I am pleased to advise of my approval of a quality within-grade salary increase in Grade GS 15 from \$10,740 per annum to \$10,310 per annum, which will be effective May 9, 1965. You have certainly earned this increase through the effective manner in which you have discharged your responsibilities throughout the past year. I am most appreciative.

Sincerely yours,

J. Edgar Hoover



67-207288-1632
Searched _____ Numbered 12
8 APR 28 1965

Enclosure

✓ 150-143

1 - Mr. Sullivan (PERSONAL ATTENTION) Enclosures (2)

You should personally present this award but should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

1 - [Redacted]
1 - Movement

1 - [Redacted] (Sent Direct)

1 - Voucher - Statistical Section (Sent Direct)

MAIL ROOM ☐ TELETYPE UNIT ☐

b6
b7c

4713-1534

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE

COX PAUL L

SOCIAL SECURITY NUMBER

314-46-7411

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION

| |
|-------------------------------------|
| ☐ |
| ☒ |
| ☐ |

892 - QUALITY INCREASE

893 - WITHIN GRADE INCREASE

894 - PAY ADJUSTMENT

| |
|--------------------------|
| ☐ |
| ☐ |
| ☐ |

896 - ADMIN. PAY INCREASE

897 - ADMIN. PAY DECREASE

OTHER (SPECIFY IN REMARKS)

EFFECTIVE DATE

1/17/65

DATE OF LAST EQUIV. INCR.

1/20/63

GRADE OR LEVEL

STEP OR RATE

OLD SALARY

NEW SALARY

GS-15

STEP 5

\$18,170.00

\$18,740.00

DATA ON UNPAID ABSENCE

PERIOD(S)

TOTAL EXCESS

IN PAY STATUS AT END OF WAITING PERIOD

INITIALS

YLS

Spice

☒

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
14 JAN 19 1965

J. Edgar Hoover

JOHN EDGAR HOOVER
DIRECTOR

1/16/65
(DATE)

PERSONNEL FILE COPY

DATAFOLD FORMS INC., CHICAGO, ILL.

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: PAUL L. COXWhere Assigned: DOMESTIC INTELLIGENCE SUBVERSIVE CONTROL SECTION
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT - GS-15Rating Period: from April 1, 1964 to March 31, 1965ADJECTIVE RATING: OUTSTANDING Employee's Initials
Outstanding, Excellent, Satisfactory, UnsatisfactoryRated by: James F. Bland Section Chief 4-6-65
Signature Title DateReviewed by: William Pullman Assistant Director
Signature Title DateRating Approved by: J. P. Mohr Assistant to 4-8-65
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-143

8 MAY 3 1965

| | |
|----------------|------------|
| 67-207 288-164 | |
| Searched | Indexed 92 |
| 6 APR 1965 | |

3-NR

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee PAUL L. COX Title SPECIAL AGENT
Rating Period: from 4/1/64 to 3/31/65

RATING GUIDE AND CHECK-LIST

*Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- | | |
|---|---|
| <u>+</u> (1) Personal appearance. | <u>+</u> (16) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>+</u> (17) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>+</u> (18) Reporting ability: <ul style="list-style-type: none"> <u>+</u> (a) Investigative reports <u>+</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) |
| <u>+</u> (4) Physical fitness (including health, energy, stamina). | <u>+</u> (19) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>+</u> (20) Executive ability: <ul style="list-style-type: none"> <u>+</u> (a) Leadership <u>+</u> (b) Ability to handle personnel <u>+</u> (c) Planning <u>+</u> (d) Making decisions <u>+</u> (e) Assignment of work <u>+</u> (f) Training subordinates <u>+</u> (g) Devising procedures <u>+</u> (h) Emotional stability <u>+</u> (i) Promoting high morale <u>+</u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>+</u> (21) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>+</u> (a) As leader <u>+</u> (b) As participant |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>+</u> (22) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>+</u> (23) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>+</u> (24) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>+</u> Dictation ability |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>+</u> (14) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>+</u> (b) Criminal or general investigative cases <u>+</u> (c) Fugitive cases <u>+</u> (d) Applicant cases <u>+</u> (e) Accounting cases | |
| <u>+</u> (15) Physical surveillance ability. | |

- A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): Number One Man of Subversive Control Section - security matters
- B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): desk man
- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
(2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
(b) Is physically fit to drive. (c) Past safe-driving record OK or has passed Bureau road test.

ADJECTIVE RATING: OUTSTANDING EMPLOYEE'S INITIALS _____
Outstanding, Excellent, Satisfactory, Unsatisfactory

SA PAUL L. COX
Grade GS-15

- (1) Personal Appearance: Mr. Cox makes an outstanding personal appearance, he is neat and properly groomed at all times. His businesslike manner and self assurance inspires confidence.
- (2) Personality: Mr. Cox has an outstanding personality. He is exceptionally effective in his contacts with others and has the ability to create a most favorable impression.
- (3) Attitude: Mr. Cox is a most dependable, conscientious and sincere Bureau Agent. He approaches his work with enthusiasm and stimulates others to strive for higher standards of performance. His attitude toward the work of the Bureau is outstanding.
- (4) Physical Fitness: Mr. Cox has on a continuing basis demonstrated that he has the energy and stamina to handle any problem with which he is confronted and has the ability to work long hours over extended periods of time without loss of efficiency. His superior physical condition is such as to enable him to handle any type of assignment and to participate in raids and dangerous assignments.
- (5) Resourcefulness and Ingenuity: Mr. Cox handles a heavy work load with creativeness and sense of self reliance. Mr. Cox consistently demonstrates his outstanding resourcefulness and ingenuity through his incisive and penetrative analyses of sensitive issues and problems.
- (6) Forcefulness and Aggressiveness: Mr. Cox displays exceptional administrative and executive qualities through his forceful and aggressive ability in directing the work of others. He exercises a high degree of tenaciousness and produces outstanding results.
- (7) Judgment: Mr. Cox has a keen mind and has the unusual ability to define his objectives and arrive quickly at a sound and logical conclusion. He has the ability to skillfully plan and coordinate the talents of others and has utilized this ability in increasing the efficiency of the operations under his supervision. His common sense and long experience in the handling of his duties have made it possible to produce outstanding results. His judgment has been consistently exceptional.

SA PAUL L. COX
Grade GS-15

- (8) Initiative: Mr. Cox displays outstanding initiative in arriving at decisions and a course of action in regard to his assignments. He has the ability to thoroughly and quickly analyze problems and take appropriate action with efficiency.
- (9) Planning Ability: Mr. Cox has the outstanding ability to anticipate developments and to plan his work well. He is able to handle an unusual volume of assignments due to his ability to effectively organize his work.
- (10) Accuracy: Mr. Cox is a most capable administrator as well as an experienced investigator. He is meticulously accurate. Regardless of the volume of work to be done he does not lose sight of the need for utmost accuracy.
- (11) Industry: Mr. Cox is outstanding in industry. He has the ability to give his undivided attention to his work for the purpose of promoting the Bureau's best interests.
- (12) Productivity: Mr. Cox produces a high volume of most acceptable work. He is a man in whom confidence can be placed with the knowledge that the superior standards of productivity will be achieved.
- (13) Knowledge of Duties: Mr. Cox has an intimate knowledge of the Bureau's work and particularly of the history and development of complicated programs and documents set up by the Bureau and the Department of Justice to handle emergency programs with regard to the internal security of the Nation. His knowledge has proved invaluable to the work of the Bureau.
- (14) Investigative Ability: Mr. Cox has outstanding investigative ability and is able to produce excellent results in connection with the Bureau's responsibilities in internal security matters.
- (16) Firearms Ability: Mr. Cox's demeanor on the firing line is superior. He is completely familiar with the safety regulations and operations of all of the Bureau's firearms.

SA PAUL L. COX
Grade GS-15

(18) Reporting Ability: Mr. Cox's paper work is outstanding. He has the unusual ability to clearly and concisely record complicated matters for the information and guidance of his superiors and fellow workers.

(20) Executive Ability: Mr. Cox is Number One Man of a Section which handles vitally important work of the Bureau in the security field. His advice and counsel to the personnel of the Bureau are widely sought and respected. His leadership qualities are outstanding.

(22) Organizational Interest: Mr. Cox has shown an outstanding interest in improving the over-all operations of the Bureau. He is alert to advance ideas and suggestions to improve the quality and efficiency of the Bureau's work in his day-to-day operations.

(23) Ability to work under Pressure: Mr. Cox has an outstanding ability to work under pressure. The quality of his work is not diminished by any unusual pressure of work. He carries out his responsibilities with speed and efficiency.

(24) Dictation Ability: Mr. Cox is an outstanding dictator. His manner of expression is concise and to the point. His dictation is always well prepared.

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:
(List items taken into consideration on rating guide and check list.)

N. A.

7. PARTICIPATION IN INFORMANT PROGRAMS:

N. A.

8. TESTIFYING EXPERIENCE AND ABILITY:

9. ACCOUNTING INFORMATION:

N. A.

10. POLICE INSTRUCTION:

N. A.

11. RESIDENT AGENTS:

N. A.

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

Mr. Cox is a qualified Inspector's Aide.

13. FOREIGN LANGUAGE ABILITY: N.A.

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory.

Language

Read

Write

Speak

Understand

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement.

☒ Yes ☐ No

(b) Agent is completely available for administrative advancement.

☒ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance.

☒ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications considered
☐ very good ☐ excellent ☒ outstanding

(e) If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable, explanatory comments required.)

☐ Yes ☐ No

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Mohr

DATE: 4-16-65

FROM : N. P. Callahan

SUBJECT: PAUL L. COX
Special Agent, GS 15, \$18,740
Domestic Intelligence Division

REX I. SHRODER
Section Chief, GS 15, \$18,170
General Investigative Division

ALFRED B. EDDY
Section Chief, GS 15, \$18,740
Special Investigative Division

JAMES L. MC GOVERN
Assistant Special Agent in Charge
Kansas City Division (Now Assigned
Inspection Division) GS 15, \$18,740

OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual performance reports for Messrs. Cox, Eddy, Shroder and McGovern in which their services have been rated Outstanding for the period 4-1-64 to 3-31-65. Messrs. Cox and Shroder were rated Excellent and Messrs. Eddy and McGovern were rated Outstanding on their 1964 annual performance reports and no administrative action has been taken against them during the current rating period. Their overtime has been satisfactory.

It is respectfully requested that these ratings be approved and that you, as the Director's Alternate on the Departmental Committee on Incentive Awards, sign both the original and the copy of each of them as the Approving Official. Thereafter, they will be transmitted to the Department with other Outstanding ratings for approval by the Departmental Committee on Incentive Awards. Messrs. Cox, Eddy, Shroder and McGovern will then be entitled to cash incentive awards in the amount of \$300 as has been approved in the past for agents in Grade GS 15 or for a Quality Salary Increase of \$570 payable during a 52-week period. None of these men are at the top of their grades or in line for grade promotions thus the Quality Salary Increases would be more beneficial to them at this time.

RECOMMENDATION:

REC-143

| | |
|----------------|-------------|
| 67-207 288-165 | |
| Searched | Numbered 22 |
| 1 APR 29 1965 | |

That you, as Approving Official, sign the original and the copy of each of the attached Outstanding performance ratings and upon approval of these ratings by the Department, Messrs. Cox, Eddy, Shroder and McGovern be furnished copies of their ratings and approved for Quality Salary Increases effective 5-9-65.

Enclosures

RRB:crt (6)

1 - Miss Tibbetts (Sent Direct)

1 - Personnel File of SA Alfred B. Eddy

1 - Personnel File of SA Rex I. Shroder

1 - Personnel File of SA James L. McGovern

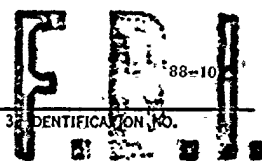
PERMANENT BRIEFS ATTACHED. - det - nm

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

3-nm

REPORT OF MEDICAL EXAMINATION

5



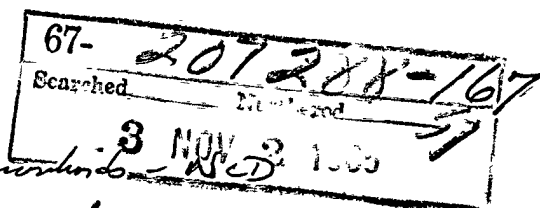
| | | | |
|---|----------------------------------|--|---|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
O'COX PAUL LESLIE | | 2. GRADE AND COMPONENT OR POSITION
SA | 3. IDENTIFICATION NO. |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | 5. PURPOSE OF EXAMINATION
Annual | 6. DATE OF EXAMINATION
10/11/65 |
| 7. SEX
M | 8. RACE | 9. TOTAL YEARS GOVERNMENT SERVICE
MILITARY CIVILIAN | 10. AGENCY
11. ORGANIZATION UNIT |
| 12. DATE OF BIRTH
9/6/06 | 13. PLACE OF BIRTH
IND | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
Phe | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
NNMC | | 16. OTHER INFORMATION | |
| 17. RATING OR SPECIALTY | | TIME IN THIS CAPACITY (Total) LAST SIX MONTHS | |

| NOR-
MAL | CLINICAL EVALUATION
(Check each item in appropriate col-
umn; enter "NE" if not evaluated.) | ABNOR-
MAL |
|-------------|--|---------------|
| | 18. HEAD, FACE, NECK, AND SCALP | |
| | 19. NOSE | |
| | 20. SINUSES | |
| | 21. MOUTH AND THROAT | |
| | 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under stems 70 and 71) | |
| | 23. DRUMS (Perforation) | |
| | 24. EYES—GENERAL (Visual acuity and refraction under stems 59, 60 and 67) | |
| | 25. OPHTHALMOSCOPIC | |
| | 26. PUPILS (Equality and reaction) | |
| | 27. OCULAR MOTILITY (Associated parallel move-
ments, nystagmus) | |
| | 28. LUNGS AND CHEST (Include breasts) | |
| | 29. HEART (Thrust, size, rhythm, sounds) | ✓ |
| | 30. VASCULAR SYSTEM (Varicosities, etc.) | |
| | 31. ABDOMEN AND VISCERA (Include hernia) | |
| | 32. ANUS AND RECTUM (Hemorrhoids, fistulae)
(Prostate, if indicated) | ✓ |
| | 33. ENDOCRINE SYSTEM | |
| | 34. G-U SYSTEM | |
| | 35. UPPER EXTREMITIES (Strength, range of
motion) | |
| | 36. FEET | |
| | 37. LOWER EXTREMITIES (Except feet)
(Strength, range of motion) | |
| | 38. SPINE, OTHER MUSCULOSKELETAL | |
| | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | ✓ |
| | 40. SKIN, LYMPHATICS | |
| | 41. NEUROLOGIC (Equilibrium tests under stem 72) | |
| | 42. PSYCHIATRIC (Specify any personality deviation) | |
| | 43. PELVIC (Females only) (Check how done)
☐ VAGINAL ☐ RECTAL | |

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

29 - Split MI; changes to respiration
NCD.

REC-138



32 - External hemorrhoids - NCD

39 - old scar
ENCLOSURE

(Continue in item 73).

| | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------------|
| 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.) | | | | | | | | | | | | | | | | | |
| O—Restorable teeth
—Nonrestorable teeth
X—Missing teeth
XXX—Replaced by dentures
(6 X 8)—Fixed bridge, brackets to include abutments | | | | | | | | | | | | | | | | | |
| R
I
G
H
T | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L
E
F
T |
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Type 3 Class 1
No Defects Noted

| | | | |
|--|-----------------|---|--|
| 45. URINALYSIS: A. SPECIFIC GRAVITY 1.012 | | 46. CHEST X-RAY (Place, date, film number and result) | |
| B. ALBUMIN | D. MICROSCOPIC | 22587-65 - See Report | |
| C. SUGAR | 48. EKG | 49. BLOOD TYPE AND RH FACTOR | |
| 47. SEROLOGY (Specify test used and result) | 50. OTHER TESTS | | |

Neq
WNL

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | |
|---|------------------------------|--------------------------------------|---|--------------------------------|-----------------|--|--------------------------|-------------------------|--|-----------|
| 51. HEIGHT
68 3/4 | 52. WEIGHT
158 | 53. COLOR HAIR
GRAY | 54. COLOR EYES
BROWN | 55. BUILD:
(Check one) | SLENDER | MEDIUM | HEAVY | OBESE | 56. TEMPERATURE | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | 58. PULSE (Arm at heart level) | | | | | | |
| A. SITTING
SYS. 118
DIA. 88 | B. RECUMBENT
SYS.
DIA. | C. STANDING (3 min.)
SYS.
DIA. | A. SITTING
80 | B. AFTER EXERCISE | C. 2 MIN. AFTER | D. RECUMBENT | E. AFTER STANDING 3 MIN. | | | |
| 59. DISTANT VISION | | | 60. REFRACTION | | | 61. NEAR VISION | | | | |
| RIGHT 20/20 | CORR. TO 20/ | BY - | S _v - | CX - 24/8 | CORR. TO - | BY - | | | | |
| LEFT 20/20 | CORR. TO 20/ | BY - | S _v - | CX - 24/8 | CORR. TO - | BY - | | | | |
| 62. HETEROPHORIA (Specify distance) | | | | | | | | | | |
| ES° | EX° | R. H. | L. H. | PRISM DIV. | PRISM CONV. CT | PC | PD | | | |
| 63. ACCOMMODATION | | | 64. COLOR VISION (Test used and result) | | | 65. DEPTH PERCEPTION (Test used and score) | | UNCORRECTED | | |
| RIGHT LEFT | | | AOC-1940 18/18 | | | | | CORRECTED | | |
| 66. FIELD OF VISION | | | 67. NIGHT VISION (Test used and score) | | | 68. RED LENS TEST | | 69. INTRAOCULAR TENSION | | |
| 70. HEARING | | | 71. AUDIOMETER | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | |
| RIGHT WV 15 | /15 SV 15 | /15 | 250 256 | 500 512 | 1000 1024 | 2000 2048 | 3000 2896 | 4000 4096 | 6000 6144 | 8000 8192 |
| LEFT WV 15 | /15 SV 15 | /15 | RIGHT | | | | | | | |
| | | | LEFT | | | | | | | |

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

#29,32

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

W.H. SOTHORON LT MC USN

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

W.H. SOTHORON

SIGNATURE

SIGNATURE

SIGNATURE

76. A. PHYSICAL PROFILE

| | | | | | |
|---|---|---|---|---|---|
| P | U | L | H | E | S |
| | | | | | |

B. PHYSICAL CATEGORY

| | | | |
|---|---|---|---|
| A | B | C | E |
| | | | |

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

FBI

| | | | | | |
|---|---------|--|------------------------------------|--|-----------------------|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX, PAUL LESLIE | | 2. GRADE AND COMPONENT OR POSITION
SPECIAL AGENT-FBI | | 3. IDENTIFICATION NO. | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)
2101 INGRAHAM ST, HYATTSVILLE, MD | | 5. PURPOSE OF EXAMINATION
ANNUAL | | 6. DATE OF EXAMINATION
10/11/65 | |
| 7. SEX
M | 8. RACE | 9. TOTAL YRS. GOVT. SERVICE
MILITARY
CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE | | 11. ORGANIZATION UNIT |
| 12. DATE OF BIRTH
9-6-06 | | 13. PLACE OF BIRTH
RICHMOND, INDIANA | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | | | 16. OTHER INFORMATION | | |

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

VERY GOOD

| | | | | | | | | |
|----------------------|-----------|------------------|-------------------------|--------------|---|----------|------------------------------|----------------|
| 18. FAMILY HISTORY | | | | | 19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE: | | | |
| RELATION | AGE | STATE OF HEALTH | IF DEAD, CAUSE OF DEATH | AGE AT DEATH | YES | NO | (Check each item) | RELATION(S) |
| FATHER | | | OLD AGE | 85 | X | | HAD TUBERCULOSIS | BROTHER |
| MOTHER | | | CANCER | 75 | | X | HAD SYPHILIS | |
| SPOUSE | 57 | VERY GOOD | | | | X | HAD DIABETES | |
| | 63 | FAIR | | | X | | HAD CANCER | MOTHER |
| BROTHERS AND SISTERS | | | | | | X | HAD KIDNEY TROUBLE | |
| | | | | | | X | HAD HEART TROUBLE | |
| | | | | | | X | HAD STOMACH TROUBLE | |
| | | | | | | X | HAD RHEUMATISM (Arthritis) | |
| CHILDREN | 23 | EXCELLENT | | | | X | HAD ASTHMA, HAY FEVER, HIVES | |
| | 21 | " | | | | X | HAD EPILEPSY (Fits) | |
| | 21 | " | | | | X | COMMITTED SUICIDE | |
| | | | | | | X | BEEN INSANE | |

| | | | | | | | | | | | | | | | | | |
|--|----|------------------------------|----------|----|---|----------|----|--------------------------------------|----------|----|--------------------------------------|----------|----|-----------------------------------|----------|----|----------------------------------|
| 20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item) | | | | | | | | | | | | | | | | | |
| YES | NO | (Check each item) | YES | NO | (Check each item) | YES | NO | (Check each item) | YES | NO | (Check each item) | YES | NO | (Check each item) | YES | NO | (Check each item) |
| X | | SCARLET FEVER, ERYSIPELAS | X | | GOTTER | X | | TUMOR, GROWTH, CYST, CANCER | X | | "TRICK" OR LOCKED KNEE | X | | FOOT TROUBLE | X | | NEURITIS |
| X | | DIPHTHERIA | X | | TUBERCULOSIS | X | | RUPTURE | X | | PARALYSIS (Inc. infantile) | X | | EPILEPSY OR FITS | X | | CAR, TRAIN, SEA, OR AIR SICKNESS |
| X | | RHEUMATIC FEVER | X | | SOAKING SWEATS (Night sweats) | X | | APPENDICITIS | X | | FREQUENT OR PAINFUL URINATION | X | | CAR, TRAIN, SEA, OR AIR SICKNESS | X | | FREQUENT TROUBLE SLEEPING |
| X | | SWOLLEN OR PAINFUL JOINTS | X | | ASTHMA | X | | PILES OR RECTAL DISEASE | X | | KIDNEY STONE OR BLOOD IN URINE | X | | FREQUENT OR TERRIFYING NIGHTMARES | X | | DEPRESSION OR EXCESSIVE WORRY |
| X | | MUMPS | X | | SHORTNESS OF BREATH | X | | FREQUENT OR PAINFUL URINATION | X | | SUGAR OR ALBUMIN IN URINE | X | | LOSS OF MEMORY OR AMNESIA | X | | BED WETTING |
| X | | WHOOPING COUGH | X | | PAIN OR PRESSURE IN CHEST | X | | KIDNEY STONE OR BLOOD IN URINE | X | | BOILS | X | | NERVOUS TROUBLE OF ANY SORT | X | | ANY DRUG OR NARCOTIC HABIT |
| X | | FREQUENT OR SEVERE HEADACHE | X | | CHRONIC COUGH | X | | SUGAR OR ALBUMIN IN URINE | X | | VENEREAL DISEASE | X | | EXCESSIVE DRINKING HABIT | X | | HOMOSEXUAL TENDENCIES |
| X | | DIZZINESS OR FAINTING SPELLS | X | | PALPITATION OR POUNDING HEART | X | | BOILS | X | | RECENT GAIN OR LOSS OF WEIGHT | X | | LOSS OF MEMORY OR AMNESIA | X | | BED WETTING |
| X | | EYE TROUBLE | X | | HIGH OR LOW BLOOD PRESSURE | X | | VENEREAL DISEASE | X | | ARTHRITIS OR RHEUMATISM | X | | NERVOUS TROUBLE OF ANY SORT | X | | ANY DRUG OR NARCOTIC HABIT |
| X | | EAR, NOSE OR THROAT TROUBLE | X | | CRAMPS IN YOUR LEGS | X | | RECENT GAIN OR LOSS OF WEIGHT | X | | BONE, JOINT, OR OTHER DEFORMITY | X | | EXCESSIVE DRINKING HABIT | X | | HOMOSEXUAL TENDENCIES |
| X | | RUNNING EARS | X | | FREQUENT INDIGESTION | X | | ARTHRITIS OR RHEUMATISM | X | | LAMENESS | X | | EXCESSIVE DRINKING HABIT | X | | HOMOSEXUAL TENDENCIES |
| X | | CHRONIC OR FREQUENT COLDS | X | | STOMACH, LIVER OR INTESTINAL TROUBLE | X | | BONE, JOINT, OR OTHER DEFORMITY | X | | LOSS OF ARM, LEG, FINGER, OR TOE | X | | EXCESSIVE DRINKING HABIT | X | | HOMOSEXUAL TENDENCIES |
| X | | SEVERE TOOTH OR GUM TROUBLE | X | | GALL BLADDER TROUBLE OR GALL STONES | X | | LAMENESS | X | | PAINFUL OR "TRICK" SHOULDER OR ELBOW | X | | EXCESSIVE DRINKING HABIT | X | | HOMOSEXUAL TENDENCIES |
| X | | SINUSITIS | X | | JAUNDICE | X | | LOSS OF ARM, LEG, FINGER, OR TOE | X | | PAINFUL OR "TRICK" SHOULDER OR ELBOW | X | | EXCESSIVE DRINKING HABIT | X | | HOMOSEXUAL TENDENCIES |
| X | | HAY FEVER | X | | ANY REACTION TO SERUM, DRUG OR MEDICINE | X | | PAINFUL OR "TRICK" SHOULDER OR ELBOW | X | | PAINFUL OR "TRICK" SHOULDER OR ELBOW | X | | EXCESSIVE DRINKING HABIT | X | | HOMOSEXUAL TENDENCIES |

| | | | | | | | | | | | | | | | |
|---|--|------------------------------|----------|---|---|--|--|------------------------------------|--|--|--|---|--|--|--|
| 21. HAVE YOU EVER (Check each item) | | | | 22. FEMALES ONLY: A. HAVE YOU EVER— | | | | B. COMPLETE THE FOLLOWING: | | | | | | | |
| X | | WORN GLASSES | X | | ATTEMPTED SUICIDE | | | BEEN PREGNANT | | | AGE AT ONSET OF MENSTRUATION | | | | |
| X | | WORN AN ARTIFICIAL EYE | X | | BEEN A SLEEP WALKER | | | HAD A VAGINAL DISCHARGE | | | INTERVAL BETWEEN PERIODS | | | | |
| X | | WORN HEARING AIDS | X | | LIVED WITH ANYONE WHO HAD TUBERCULOSIS | | | BEEN TREATED FOR A FEMALE DISORDER | | | DURATION OF PERIODS | | | | |
| X | | STUTTERED OR STAMMERED | X | | COUGHED UP BLOOD | | | HAD PAINFUL MENSTRUATION | | | DATE OF LAST PERIOD | | | | |
| X | | WORN A BRACE OR BACK SUPPORT | X | | bled excessively after injury or tooth extraction | | | HAD IRREGULAR MENSTRUATION | | | QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY | | | | |
| 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? | | | | 24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS | | | | 25. WHAT IS YOUR USUAL OCCUPATION? | | | | 26. ARE YOU (Check one)
☐ RIGHT HANDED ☐ LEFT HANDED | | | |

ENCLOSURE

67-217-11-167

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-----|----|--|
| | X | 27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | X | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | X | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | X | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | X | 28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | X | 29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details) |
| | X | 30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details) |
| | X | 31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| | X | 32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| | X | 33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic) |
| | X | 34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| X | | 35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | X | 36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses) |
| | X | 37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | X | 38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability) |
| | X | 39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

(35) In 1964 consulted Dr. H.A. Hoostman 915 19th St., N.W., Washington, D.C. re recurring pains upper right side and back. X-ray tests made at Bethesda following 1964 annual physical examination with negative results.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

PAUL LESLIE COX

SIGNATURE

Paul Leslie Cox

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Noted - NCD

| | | | |
|--|-----------|-----------|---------------------------|
| TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER | DATE | SIGNATURE | NUMBER OF ATTACHED SHEETS |
| | 11 Oct 65 | Cox | |

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

COX, PAUL LESLIE

F B I

STAFF CLINIC

AGE

SEX

(Check one)

59

M

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED
PATIENT☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

22587-65

DATE OF REPORT

11 Oct 65

RADIOGRAPHIC REPORT

CHEST: A single PA projection of the chest demonstrates scattered nodular calcific densities in the hilar regions as well as a well calcified peripheral component of a primary complex located in the left 6th anterior interspace. No evidence of active parenchymal disease is seen. Essentially no interval change is seen in comparison with a previous study of 10-27-64.

JCB:tec

Department of Radiology
U. S. Naval Hospital
National Naval Medical Center
Bethesda 14, Maryland

J. C. ENTER
LCDR USN

WATS

30738-64

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 619A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

ENCLOSURE

67-507208-167

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

Cox Paul L.
- Last First Middle

The following portions of the attached examination report form need not be completed:

| | | |
|----|----|----|
| 2 | 14 | 68 |
| 3 | 17 | 69 |
| 4 | 62 | 72 |
| 9 | 65 | 76 |
| 11 | 67 | |

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

TRICIA BROWN

67-5-167-167

Desirable Weight Ranges for Males

| Height | Small Frame | Medium Frame | Large Frame |
|--------|-------------|--------------|-------------|
| 5' 4" | 117 - 125 | 123 - 135 | 131 - 148 |
| 5' 5" | 120 - 129 | 126 - 139 | 134 - 152 |
| 5' 6" | 124 - 133 | 130 - 143 | 138 - 157 |
| 5' 7" | 128 - 137 | 134 - 148 | 143 - 162 |
| 5' 8" | 132 - 141 | 138 - 152 | 147 - 166 |
| 5' 9" | 136 - 146 | 142 - 156 | 151 - 170 |
| 5' 10" | 140 - 150 | 146 - 161 | 155 - 175 |
| 5' 11" | 144 - 154 | 150 - 166 | 160 - 180 |
| 6' | 148 - 158 | 154 - 171 | 164 - 185 |
| 6' 1" | 152 - 163 | 158 - 176 | 169 - 190 |
| 6' 2" | 156 - 167 | 163 - 181 | 174 - 195 |
| 6' 3" | 160 - 171 | 168 - 186 | 178 - 200 |
| 6' 4" | 169 - 180 | 178 - 196 | 188 - 210 |
| 6' 5" | 174 - 185 | 182 - 202 | 192 - 216 |

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

Under proper medical supervision, examinee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks:

W. H. Potlison
(Signature of Medical Examiner)

20 October 1965
(Date)

REC'D - ADMIR. DIV.
FBI
OCT 21 5 00 PM '65

FEDERAL BUREAU OF INVESTIGATION

| | |
|---------------------------|------------------------|
| NAME: LAST, FIRST, MIDDLE | SOCIAL SECURITY NUMBER |
| | 44-12-111 |

NOTIFICATION OF BASIC CHANGE

| | | | |
|--|--|----------------|---------------------------|
| CODE - NATURE OF ACTION, | | EFFECTIVE DATE | DATE OF LAST EQUIV. INCR. |
| ☐ 892 - QUALITY INCREASE | ☐ 896 - ADMIN. PAY INCREASE | | |
| ☐ 893 - WITHIN GRADE INCREASE | ☐ 897 - ADMIN. PAY DECREASE | | |
| ☐ 894 - PAY ADJUSTMENT | OTHER (SPECIFY IN REMARKS) | | |
| GRADE OR LEVEL | STEP OR RATE | OLD SALARY | NEW SALARY |
| | | | |

DATA ON UNPAID ABSENCE

| | | | |
|-----------|--------------|--|----------|
| PERIOD(S) | TOTAL EXCESS | IN PAY STATUS AT END OF WAITING PERIOD | INITIALS |
| | | | 3/12 |

☐ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
20 MAY 18 1965

JOHN EDGAR HOOVER
DIRECTOR

PERSONNEL FILE COPY

(DATE)

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Mohr

DATE: 3-11-66

FROM : Mr. Callahan

SUBJECT: PAUL L. COX
Special Agent
Domestic Intelligence Division
SERVICE AWARD LETTER
25th Anniversary 5-12-66.

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____

b6
b7C

Mr. Paul L. Cox, Special Agent in the Domestic Intelligence Division, celebrates his 25th Anniversary of service with the Bureau on 5-12-66.

Since his 20th Anniversary on 5-12-61, he received a \$300 incentive award on 5-11-62 and a quality salary increase effective 5-9-65 for meriting Outstanding performance ratings. Commended on 1-31-66. He is presently in Grade GS-15, \$20,005, and was rated Outstanding on last performance report.

The Director may desire to present his letter and Key personally. A suggested letter is attached.

5A
advise
Cox
5/12/66

ABM
yes.
V

b6
b7C

Enclosure

- 1 - Mr. Sullivan (Sent Direct)
- 1 - [redacted] (Sent Direct)

LDH:ej
(4)

ej

REC-136

67-207288-1571
6 MAY 12 1966
FBI - NEW YORK

U. S. GOVERNMENT

3/ey

REC-136

May 12, 1966

PERSONAL

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

You have now completed twenty-five years of dedicated service with the Federal Bureau of Investigation and it gives me great pleasure to present to you the Bureau's Twenty-five-Year Service Award Key.

Your record during these years reveals a splendid spirit of loyal and conscientious devotion to your job. The constant manifestation of such an attitude is a matter of much personal satisfaction to me for it is just such an esprit de corps among our personnel that has made possible the steady advance of our organization. I do not want this opportunity to pass without expressing my deep appreciation for your faithful services.

I feel confident you will receive this Key with the same degree of pride which you take in your work performance.

With best wishes and kindest regards,

Sincerely,

J. EDGAR HOOVER

| |
|---------------------------|
| SENT FROM D. O. |
| TIME 10:05 AM |
| DATE 5-12-66 |
| Presented by the Director |

Enclosure

1 - Mr. Sullivan (Personal Attention)

1 - [redacted] (Sent Direct)

LDH:ej

(5)

67-207288

Based on memo Callahan-Mohr, 3-11-66, LDH:ej

MAIL ROOM ☐ TELETYPE UNIT ☐

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

January 31, 1966

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear **Mr. Cox:**

It is a pleasure to commend you for the outstanding attitude you exhibited in reporting for duty today despite extremely hazardous travel conditions.

You demonstrated a sincere devotion to duty in considering your services so essential that in spite of an announcement that all Federal Government agencies would be closed you reported for duty. I do not want the opportunity to pass without advising you of my appreciation and that I have instructed that a copy of this letter be placed in your personnel file.

Sincerely yours,

J. Edgar Hoover

140
67-NOV RECORDED
1 FEB 4 1966

REPORT OF MEDICAL EXAMINATION

88-108

| | | | |
|---|---------|--|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX, PAUL LESLIE | | 2. GRADE AND COMPONENT OR POSITION
SA | 3. IDENTIFICATION NO.
5-38-06 |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | 5. PURPOSE OF EXAMINATION
Annual | 6. DATE OF EXAMINATION
10-4-66 |
| 7. SEX
M | 8. RACE | 9. TOTAL YEARS GOVERNMENT SERVICE
MILITARY CIVILIAN | 10. AGENCY
11. ORGANIZATION UNIT |
| 12. DATE OF BIRTH
9/6/06 | | 13. PLACE OF BIRTH
IND. | |
| 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | | 15. OTHER INFORMATION | |
| 16. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
NVNC | | 17. RATING OR SPECIALTY | |
| TIME IN THIS CAPACITY (Total) | | LAST SIX MONTHS | |

| CLINICAL EVALUATION | |
|---|-----------|
| NOR-MAL | ABNOR-MAL |
| 18. HEAD, FACE, NECK, AND SCALP | |
| 19. NOSE | |
| 20. SINUSES | |
| 21. MOUTH AND THROAT | |
| 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) | |
| 23. DRUMS (Perforation) | |
| 24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67) | |
| 25. OPHTHALMOSCOPIC | |
| 26. PUPILS (Equality and reaction) | |
| 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) | |
| 28. LUNGS AND CHEST (Include breasts) | |
| 29. HEART (Thrust, size, rhythm, sounds) | |
| 30. VASCULAR SYSTEM (Varicosities, etc.) | |
| 31. ABDOMEN AND VISCERA (Include hernia) | |
| 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated) | |
| 33. ENDOCRINE SYSTEM | |
| 34. G-U SYSTEM | |
| 35. UPPER EXTREMITIES (Strength, range of motion) | |
| 36. FEET | |
| 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) | |
| 38. SPINE, OTHER MUSCULOSKELETAL | |
| 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | |
| 40. SKIN, LYMPHATICS | |
| 41. NEUROLOGIC (Equilibrium tests under item 78) | |
| 42. PSYCHIATRIC (Specify any personality deviation) | |
| 43. PELVIC (Females only) (Check how done) | |
| ☐ VAGINAL ☐ RECTAL | |

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

29. GT-TT short early systolic
③ along ② sternal border -
functional in character - NCD
(NO AI)

31. Hepar & ICB on inspiration not enlarged NCD

32. Ext Hemorrhoid NCD
40. Cythematous rash @ dorsum

hand secondary to contact w kerosene NCD

REC-130 att

BUN - 13
FBS - 82
Alk. Phos. - 1, 8
BSP - 6

| | |
|---------------|----------|
| 67-207288-172 | |
| Searched | Numbered |
| 19 NOV 9 1966 | |

(Continue in item 73)

| | | |
|---|--|--|
| 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.) | | REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES |
| O—Restorable teeth
—Nonrestorable teeth
X—Missing teeth
XXX—Replaced by dentures
(6 X 8)—Fixed bridge, brackets to include abutment | | |
| R
I
G
H
T | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 | Exam type III
Class I
No Defect's noted |
| L
E
F
T | 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 | |

LABORATORY FINDINGS

| | | | |
|--|--------------------------------|---|--|
| 45. URINALYSIS: A. SPECIFIC GRAVITY 1.009 | | 46. CHEST X-RAY (Place, date, film number and result) | |
| B. ALBUMIN neg | D. MICROSCOPIC Ess. Neg | 22860-66 - See Report | |
| C. SUGAR neg | 48. EKG WNL | 49. BLOOD TYPE AND RH FACTOR | |
| 47. SEROLOGY (Specify test used and result) | | 50. OTHER TESTS | |
| neg | | see "notes" Above | |

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | |
|--|--|--|--------------------------------|--------------------------------|---------|--|-------|--|-----------------|
| 51. HEIGHT
5' 9 | 52. WEIGHT
165 | 53. COLOR HAIR
Gray | 54. COLOR EYES
Brown | 55. BUILD:
(Check one) | SLENDER | MEDIUM | HEAVY | OBESE | 56. TEMPERATURE |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | 58. PULSE (Arm at heart level) | | | | | |
| A. SITTING
SYS. 136
DIAS. 86 | B. RECUMBENT
SYS. 138
DIAS. 87 | C. STANDING (3 min.)
SYS. 94
DIAS. 86 | | | | | | | |
| 59. DISTANT VISION | | | 60. REFRACTION | | | 61. NEAR VISION | | | |
| RIGHT 20/ 20 CORR. TO 20/ | | | BY S. CX | | | 50M CORR. TO — BY — | | | |
| LEFT 20/ 20 CORR. TO 20/ | | | BY S. CX | | | 450M CORR. TO — BY — | | | |
| 62. HETEROPHORIA (Specify distance) | | | | | | | | | |
| ES° | | EX° | | R. H. | | L. H. | | PRISM DIV. CT | |
| 63. ACCOMMODATION | | 64. COLOR VISION (Test used and result) | | | | 65. DEPTH PERCEPTION (Test used and score) | | UNCORRECTED | |
| RIGHT LEFT | | P. P. 16/16 | | | | | | CORRECTED | |
| 66. FIELD OF VISION | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS TEST | | 69. INTRAOCULAR TENSION | |
| 70. HEARING | | 71. AUDIOMETER | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | |
| RIGHT WV 15 /15 SV 15 /15 | | 250 500 1000 2000 3000 4000 6000 8000
256 512 1024 2048 2896 4096 6144 8192 | | | | | | | |
| LEFT WV 15 /15 SV 15 /15 | | RIGHT LEFT | | | | | | | |

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

No significant interval history

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

29, 31, 32, 40 - NCD

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

BSP. All PO₄ase

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

89-103
FBI

| | | | | | | |
|--|---------------------|--|--|--|--|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
COX, PAUL LESHIE | | | 2. GRADE AND COMPONENT OR POSITION
SPECIAL AGENT | | 3. IDENTIFICATION NO.
8888 | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)
2101 Ingraham St
Hyattsville, Maryland | | | 5. PURPOSE OF EXAMINATION
ANNUAL | | 6. DATE OF EXAMINATION
10/4/66 | |
| 7. SEX
M | 8. RACE
W | 9. TOTAL YEARS GOVERNMENT SERVICE
MILITARY _____ CIVILIAN _____ | | 10. AGENCY | 11. ORGANIZATION UNIT | |
| 12. DATE OF BIRTH
9-6-06 | | 13. PLACE OF BIRTH
RICHMOND, INDIANA | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | | | | 16. OTHER INFORMATION | | |

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Excellent

| | | | | | | | | |
|----------------------|-----------|------------------|------------------------------|--------------|--|-------------------------------------|------------------------------|----------------|
| 18. FAMILY HISTORY | | | | | 19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE | | | |
| RELATION | AGE | STATE OF HEALTH | IF DEAD, CAUSE OF DEATH | AGE AT DEATH | YES | NO | (Check each item) | RELATION(S) |
| FATHER | | | OLD AGE | 85 | ☒ | | HAD TUBERCULOSIS | Brother |
| MOTHER | | | CANCER | 75 | | ☒ | HAD SYPHILIS | |
| SPOUSE | 58 | Excellent | | | | ☒ | HAD DIABETES | |
| | | (Brother) | Complications - Liver | 64 | ☒ | | HAD CANCER | Mother |
| BROTHERS AND SISTERS | | | | | | ☒ | HAD KIDNEY TROUBLE | |
| | | | | | | ☒ | HAD HEART TROUBLE | |
| | | | | | | ☒ | HAD STOMACH TROUBLE | |
| CHILDREN | 24 | Excellent | | | | ☒ | HAD RHEUMATISM (Arthritis) | |
| | 22 | " | | | | ☒ | HAD ASTHMA, HAY FEVER, HIVES | |
| | 22 | " | | | | ☒ | HAD EPILEPSY (Fits) | |
| | | | | | | ☒ | COMMITTED SUICIDE | |
| | | | | | | ☒ | BEEN INSANE | |

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

| | | | | | | | | | | | |
|-------------------------------------|----|------------------------------|-------------------------------------|----|---|-------------------------------------|----|--------------------------------------|-------------------------------------|----|-----------------------------------|
| YES | NO | (Check each item) | YES | NO | (Check each item) | YES | NO | (Check each item) | YES | NO | (Check each item) |
| ☒ | | SCARLET FEVER, ERYSIPELAS | ☒ | | GOITER | ☒ | | TUMOR, GROWTH, CYST, CANCER | ☒ | | "TRICK" OR LOCKED KNEE |
| ☒ | | DIPHTHERIA | ☒ | | TUBERCULOSIS | ☒ | | RUPTURE | ☒ | | FOOT TROUBLE |
| ☒ | | RHEUMATIC FEVER | ☒ | | SOAKING SWEATS (Night sweats) | ☒ | | APPENDICITIS | ☒ | | NEURITIS |
| ☒ | | SWOLLEN OR PAINFUL JOINTS | ☒ | | ASTHMA | ☒ | | PILES OR RECTAL DISEASE | ☒ | | PARALYSIS (Inc. infantile) |
| ☒ | | MUMPS | ☒ | | SHORTNESS OF BREATH | ☒ | | FREQUENT OR PAINFUL URINATION | ☒ | | EPILEPSY OR FITS |
| ☒ | | WHOOPING COUGH | ☒ | | PAIN OR PRESSURE IN CHEST | ☒ | | KIDNEY STONE OR BLOOD IN URINE | ☒ | | CAR, TRAIN, SEA, OR AIR SICKNESS |
| ☒ | | FREQUENT OR SEVERE HEADACHE | ☒ | | CHRONIC COUGH | ☒ | | SUGAR OR ALBUMIN IN URINE | ☒ | | FREQUENT TROUBLE SLEEPING |
| ☒ | | DIZZINESS OR FAINTING SPELLS | ☒ | | PALPITATION OR POUNDING HEART | ☒ | | BOILS | ☒ | | FREQUENT OR TERRIFYING NIGHTMARES |
| ☒ | | EYE TROUBLE | ☒ | | HIGH OR LOW BLOOD PRESSURE | ☒ | | VENEREAL DISEASE | ☒ | | DEPRESSION OR EXCESSIVE WORRY |
| ☒ | | EAR, NOSE OR THROAT TROUBLE | ☒ | | CRAMPS IN YOUR LEGS | ☒ | | RECENT GAIN OR LOSS OF WEIGHT | ☒ | | LOSS OF MEMORY OR AMNESIA |
| ☒ | | RUNNING EARS | ☒ | | FREQUENT INDIGESTION | ☒ | | ARTHRITIS OR RHEUMATISM | ☒ | | BED WETTING |
| ☒ | | CHRONIC OR FREQUENT COLDS | ☒ | | STOMACH, LIVER OR INTESTINAL TROUBLE | ☒ | | BONE, JOINT, OR OTHER DEFORMITY | ☒ | | NERVOUS TROUBLE OF ANY SORT |
| ☒ | | SEVERE TOOTH OR GUM TROUBLE | ☒ | | GALL BLADDER TROUBLE OR GALL STONES | ☒ | | LAMENESS | ☒ | | ANY DRUG OR NARCOTIC HABIT |
| ☒ | | SINUSITIS | ☒ | | JAUNDICE | ☒ | | LOSS OF ARM, LEG, FINGER, OR TOE | ☒ | | EXCESSIVE DRINKING HABIT |
| ☒ | | HAY FEVER | ☒ | | ANY REACTION TO SERUM, DRUG OR MEDICINE | ☒ | | PAINFUL OR "TRICK" SHOULDER OR ELBOW | ☒ | | HOMOSEXUAL TENDENCIES |

21. HAVE YOU EVER (Check each item)

| | | | |
|-------------------------------------|------------------------------|-------------------------------------|---|
| ☒ | WORN GLASSES | ☒ | ATTEMPTED SUICIDE |
| ☒ | WORN AN ARTIFICIAL EYE | ☒ | BEEN A SLEEP WALKER |
| ☒ | WORN HEARING AIDS | ☒ | LIVED WITH ANYONE WHO HAD TUBERCULOSIS |
| ☒ | STUTTERED OR STAMMERED | ☒ | COUGHED UP BLOOD |
| ☒ | WORN A BRACE OR BACK SUPPORT | ☒ | BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION |

22. FEMALES ONLY: A. HAVE YOU EVER

| | | | |
|-------------------------------------|------------------------------------|-------------------------------------|--|
| ☒ | BEEN PREGNANT | ☒ | AGE AT ONSET OF MENSTRUATION |
| ☒ | HAD A VAGINAL DISCHARGE | ☒ | INTERVAL BETWEEN PERIODS |
| ☒ | BEEN TREATED FOR A FEMALE DISORDER | ☒ | DURATION OF PERIODS |
| ☒ | HAD PAINFUL MENSTRUATION | ☒ | DATE OF LAST PERIOD |
| ☒ | HAD IRREGULAR MENSTRUATION | ☒ | QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY |

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

26. ARE YOU (Check one)

☐ RIGHT HANDED ☐ LEFT HANDED

67-207288-172
ENCLOSURE

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|-----|----|--|
| | ✓ | 27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | ✓ | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | ✓ | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | ✓ | D. OTHER MEDICAL REASONS (If yes, give reasons) |
| | ✓ | 28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | ✓ | 29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details) |
| | ✓ | 30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details) |
| | ✓ | 31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details) |
| | ✓ | 32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) |
| | ✓ | 33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic) |
| ✓ | | 34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details) |
| ✓ | | 35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details) |
| | ✓ | 36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses) |
| | ✓ | 37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection) |
| | ✓ | 38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability) |
| | ✓ | 39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why) |

#34. In 1964 - pains in muscles right shoulder + side - examined by Dr. Horstman 915 14th NW, Washington, D.C., and subsequently at Naval Hospital. Nothing determined but pains no longer exist.

#35 same as #34.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

PAUL LESLIE COX

SIGNATURE

Paul Leslie Cox

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

~~20~~ 20. UCHD 5 sequelae NCD
? palate difficulty Rx'd & vit C - no difficulty now NCD
34. Non specific shoulder pain - no pathology found - no difficulty now NCD
No significant interval history

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

4 Oct 66 Norton Coleman

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

REGISTER NO.

WARD NO.

COX, PAUL L.

AGE

SEX

(Check one)

60

M

☐ BEDSIDE, WHEELCHAIR,
OR STRETCHER☐ BED
PATIENT☒ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

68 3/4" 158

(Leave space for mechanical imprinting, if used)

10-4-66

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

2286066

DATE OF REPORT

10-4-66

RADIOGRAPHIC REPORT

A single PA projection of the chest shows no evidence of active disease in the chest at this time. Incidentally noted is a prominent fat pad in the right cardiophrenic angle. A calcified granuloma is noted in the left base associated with minor hilar node calcification.

R.. R. DUHAMEL

LCDR MC USN

tec

22587-65

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

NNMC

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

Standard Form 519A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205

67-207288-172
ENCLOSURE

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

Cox
Last

Paul
First

L
Middle

The following portions of the attached examination report form need not be completed:

| | | |
|----|----|----|
| 2 | 14 | 68 |
| 3 | 17 | 69 |
| 4 | 62 | 72 |
| 9 | 65 | 76 |
| 11 | 67 | |

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
2. Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
 If recommendation is based on a factor other than above standard, indicate basis _____

67-207288-172

ENCLOSURE

REC'D - ADMIN. DIV.
FBI

OCT 21 11 44 AM '66

Desirable Weight Ranges for Males

| Height | Small Frame | Medium Frame | Large Frame |
|--------|-------------|--------------|-------------|
| 5' 4" | 117 - 125 | 123 - 135 | 131 - 148 |
| 5' 5" | 120 - 129 | 126 - 139 | 134 - 152 |
| 5' 6" | 124 - 133 | 130 - 143 | 138 - 157 |
| 5' 7" | 128 - 137 | 134 - 148 | 143 - 162 |
| 5' 8" | 132 - 141 | 138 - 152 | 147 - 166 |
| 5' 9" | 136 - 146 | 142 - 156 | 151 - 170 |
| 5' 10" | 140 - 150 | 146 - 161 | 155 - 175 |
| 5' 11" | 144 - 154 | 150 - 166 | 160 - 180 |
| 6' | 148 - 158 | 154 - 171 | 164 - 185 |
| 6' 1" | 152 - 163 | 158 - 176 | 169 - 190 |
| 6' 2" | 156 - 167 | 163 - 181 | 174 - 195 |
| 6' 3" | 160 - 171 | 168 - 186 | 178 - 200 |
| 6' 4" | 169 - 180 | 178 - 196 | 188 - 210 |
| 6' 5" | 174 - 185 | 182 - 202 | 192 - 216 |

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

Morton Coleman, M.D.
(Signature of Medical Examiner)

4 Oct 66
(Date)

August 31, 1966

Mr. William C. Sullivan
Federal Bureau of Investigation
Washington, D. C.

COX, Paul L.

Dear Mr. Sullivan:

I am taking this opportunity to commend, through you, the personnel in the Domestic Intelligence Division for the splendid work done in connection with the preparation of comprehensive briefs of interest to the Bureau on a confidential matter.

Everyone demonstrated a high degree of thoroughness, competence and skill in handling individual assignments in this complex and extensive survey and, as a result, contributed much to its expeditious completion. I was particularly pleased with the devotion to duty and enthusiasm demonstrated by all in voluntarily working at much personal inconvenience on this matter. Please convey my sincere appreciation to those who participated.

Sincerely yours,

DUPLICATE YELLOW

1 - Mr. Sullivan (Personal Attention)

Re: Briefs on Microphones and Wire Taps

A copy of this letter is being placed in appropriate personnel files.

1 - (Sent Direct)

b6
b7c

CTP:eaj
(88)

Based on memo Smith to Sullivan 8-17-66 and addendum Administrative Division 8-25-66 re Briefs on Microphones and Wire Taps, Administrative Matter.

Copies prepared and attached for placing in following files: OVER

NOT RECORDED
21 100

Mr. William C. Sullivan

[redacted]
Atkinson, William H.

[redacted]
Bartlett, Orrin H.

[redacted]
Bland, James F.
Branigan, William A.

[redacted]
Callahan, Daniel F. X.
Cassidy, Fred J.

[redacted]
✓Cox, Paul L.

[redacted]
Deakin, Thomas J.
DeBuck, Henry L.

[redacted]
Ezell, Otho A.
Fitzgerald, Joseph M.

[redacted]
Forsyth, William T.

[redacted]
Griffith, Fred B.

[redacted]
Jackson, John A.

[redacted]
Martin, John L.
Mastrovich, Nicholas J.
Maurice, Joseph D.
McDonnell, William J.

[redacted]
Mossburg, E. Hyatt

[redacted]
Neale, Alexander W.

[redacted]
O'Brien, Francis X.
O'Rourke, John W.
Papich, Sam

[redacted]
Phillips, Seymor E.

[redacted]
Reddy, Edward

[redacted]
Ruehl, Vincent E.
Rushing, Theron D.
Ryan, David
Schwartz, Leon F.
Simpson, Roy D.

[redacted]
Solomon, Albert H.

[redacted]
Taylor, Bert S.

[redacted]
Wacks, John F.
Wagoner, James R.

[redacted]
Wannall, W. Raymond

[redacted]
Whitson, Lish
Williams, Donald R.

b6
b7C

b6
b7C

b6
b7C

April 12, 1967

PERSONAL

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

It is indeed a pleasure to inform you that the exemplary manner in which you have discharged your responsibilities during the past year has merited the approval of a quality within-grade salary increase.

This increase, effective May 7, 1967, is from \$21,192 per annum to \$21,703 per annum in Grade GS 15. I wish to personally commend you for your conscientious devotion to the work of the Bureau.

Sincerely yours,

J. Edgar Hoover

| | |
|---------------|----------|
| 67-207288-173 | |
| Searched | Numbered |
| 4 APR 13 1967 | |

REC-141

1 - Mr. Sullivan (PERSONAL ATTENTION) Enclosure

You should personally present this award but should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

1 - Movement

1 - [Redacted Box]

1 - [Redacted Box] (Sent Direct)

1 - Voucher - Statistical Section (Sent Direct)

sab* (9) R 18 11

MAIL ROOM ☐ TELETYPE UNIT ☐

RGH WPA

FEDERAL BUREAU OF INVESTIGATION

| | |
|---|---|
| NAME: LAST, FIRST, MIDDLE

COX PAUL I | SOCIAL SECURITY NUMBER

314-46-7411 |
|---|---|

| | | | |
|--|---|----------------|---------------------------|
| NOTIFICATION OF BASIC CHANGE | | | |
| CODE -- NATURE OF ACTION | | EFFECTIVE DATE | DATE OF LAST EQUIV. INCR. |
| ☐ 892 -- QUALITY INCREASE | ☐ 896 -- ADMIN. PAY INCREASE | | |
| ☒ 893 -- WITHIN GRADE INCREASE | ☐ 897 -- ADMIN. PAY DECREASE | 1/15/67 | 1/17/65 |
| ☐ 894 -- PAY ADJUSTMENT | OTHER (SPECIFY IN REMARKS) | | |
| GRADE OR LEVEL | STEP OR RATE | OLD SALARY | NEW SALARY |
| GS-15 | STEP 7 | \$20,585.00 | \$21,192.00 |

| | | | |
|------------------------|--------------|--|----------|
| DATA ON UNPAID ABSENCE | | | |
| PERIOD(S) | TOTAL EXCESS | IN PAY STATUS AT END OF WAITING PERIOD | INITIALS |
| | | YES | 3ed |

- ☒ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.
- ☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

J. Edgar Hoover

JOHN EDGAR HOOVER
DIRECTOR

1/17/67
(DATE)

67-NOT RECORDED
14 JAN 18 1967

PERSONNEL FILE COPY

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

TO : MR. W. C. SULLIVAN

DATE: 3/28/67

FROM : MR. J. F. BLAND

1 - Mr. DeLoach
1 - Mr. Mohr
1 - Mr. W. C. Sullivan
1 - Mr. Callahan
1 - Mr. Bland

SUBJECT: SA PAUL L. COX

Grade GS-15

EOD BU 5-12-41

EOD SECTION 2-3-49

SUBVERSIVE CONTROL SECTION

DOMESTIC INTELLIGENCE DIVISION

(Recommendation for Quality Salary Increase)

To recommend a quality salary increase for Mr. Cox in view of his continued display of high quality performance. Mr. Cox is assigned as Number One Man of the Subversive Control Section. In this position he assists the Section Chief in the administration and over-all operations of the Section with regard to the supervision of work handled in the Section. He assists in the coordination of the investigative planning, instruction and guidance to the field and in the actual administration of the Section both from an investigative and personnel point of view. Mr. Cox has performed the most important functions of this position in a manner which substantially exceeds normal requirements. His work has been highly effective and this high level of effectiveness has been sustained over an extended period of time and will, based on his over-all record in the past, continue indefinitely.

Mr. Cox has displayed an outstanding attitude and has been outstanding in his judgement, initiative, planning, industry, productivity, accuracy and knowledge of his duties. He has performed in an outstanding manner in all of the areas of his responsibilities. There is attached an annual performance rating commenting more fully on these outstanding attributes of Mr. Cox.

Encl
JFB:mjt
(6)

ENCLOSURE

memo Adamote Callahan
4-10-67 ADH/jap

CONTINUED - OVER

Memorandum from Mr. Bland to Mr. W. C. Sullivan

Re: SA PAUL L. COX

Grade GS-15

EOD BU 5-12-41

EOD SECTION 2-3-49

SUBVERSIVE CONTROL SECTION

DOMESTIC INTELLIGENCE DIVISION

(Recommendation for Quality Salary Increase)

It is felt that Mr. Cox's performance when viewed as a whole merits a faster salary advancement and this quality increase is more suitable than a cash award for outstanding performance.

RECOMMENDATION:

That Mr. Cox be granted a quality salary increase.

[Handwritten signature]

WCS

JS

[Handwritten signature]

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

Cox, Paul L.

REGISTER NO.

FBI

WARD NO.

7-18

AGE

SEX

(Check one)

61 M

☐ BEDSIDE, WHEELCHAIR, OR STRETCHER

☐ BED PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

PA Chest

REQUESTED BY

Dr. Fox

DATE OF REQUEST

10-11-67

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Annual

FILM NO.

22860

DATE OF REPORT

10-12-67

RADIOGRAPHIC REPORT

There is no evidence of pulmonary disease in the chest at this time. Incidentally noted are bilateral perihilar nodal calcifications commonly associated with peripheral areas of calcification, suggestive of old healed granulomatous disease.

L. M. PHELPS
LT MC USN
jbb

PLC

22860-66

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

NNMC

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)
RADIOGRAPHIC REPORT
519-205

ENCLOSURE 67-207231-179

REPORT OF MEDICAL EXAMINATION

F.B.I.

88-108

| | | | | | | |
|---|---------|--|---|--|---|-----------------------|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME
<i>Cox, Paul L.</i> | | | 2. GRADE AND COMPONENT OR POSITION
<i>SA</i> | | 3. IDENTIFICATION NO.
<i>5-38-06</i> | |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | | | 5. PURPOSE OF EXAMINATION
<i>Annual</i> | | 6. DATE OF EXAMINATION
<i>10-11-67</i> | |
| 7. SEX
<i>M</i> | 8. RACE | 9. TOTAL YEARS GOVERNMENT SERVICE
MILITARY _____ CIVILIAN _____ | | 10. AGENCY | | 11. ORGANIZATION UNIT |
| 12. DATE OF BIRTH
<i>9/6/06</i> | | 13. PLACE OF BIRTH
<i>Ind.</i> | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN | | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS
<i>VNMC</i> | | | | 16. OTHER INFORMATION | | |
| 17. RATING OR SPECIALTY | | | | TIME IN THIS CAPACITY (Total) | | LAST SIX MONTHS |

| CLINICAL EVALUATION | | |
|-------------------------------------|--|-------------------------------------|
| NOR-
MAL | (Check each item in appropriate col-
umn; enter "NE" if not evaluated.) | ABNOR-
MAL |
| ☒ | 18. HEAD, FACE, NECK, AND SCALP | |
| ☒ | 19. NOSE | |
| ☒ | 20. SINUSES | |
| ☒ | 21. MOUTH AND THROAT | |
| ☒ | 22. EARS—GENERAL (Int. & ext. canals) (Auditory
acuity under items 70 and 71) | |
| ☒ | 23. DRUMS (Perforation) | |
| ☒ | 24. EYES—GENERAL (Visual acuity and refraction
under items 69, 60 and 67) | |
| ☒ | 25. OPHTHALMOSCOPIC | |
| ☒ | 26. PUPILS (Equality and reaction) | |
| ☒ | 27. OCULAR MOTILITY (Associated parallel move-
ments, nystagmus) | |
| ☒ | 28. LUNGS AND CHEST (Include breasts) | |
| ☒ | 29. HEART (Thrust, size, rhythm, sounds) | |
| ☒ | 30. VASCULAR SYSTEM (Varicosities, etc.) | |
| ☒ | 31. ABDOMEN AND VISCERA (Include hernia) | |
| ☒ | 32. ANUS AND RECTUM (Hemorrhoids, fistulae)
(Prostate, if indicated) | ☒ |
| ☒ | 33. ENDOCRINE SYSTEM | |
| ☒ | 34. G-U SYSTEM | ☒ |
| ☒ | 35. UPPER EXTREMITIES (Strength, range of
motion) | |
| ☒ | 36. FEET | |
| ☒ | 37. LOWER EXTREMITIES (Except feet)
(Strength, range of motion) | |
| ☒ | 38. SPINE, OTHER MUSCULOSKELETAL | |
| ☒ | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | |
| ☒ | 40. SKIN, LYMPHATICS | |
| ☒ | 41. NEUROLOGIC (Equilibrium tests under item 74) | |
| ☒ | 42. PSYCHIATRIC (Specify any personality deviation) | |
| ☒ | 43. PELVIC (Females only) (Check how done)
☐ VAGINAL ☐ RECTAL | |

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

32: External tag. NBC.
34: Prostate + enlarged

REC-140

| | |
|---------------|---------------------------|
| 67-207288-179 | |
| Searched | Numbered |
| 5 NOV 1967 | |
| RESULTS | |
| 15.8 | HGB CMS 100ML |
| 46 | HCT % |
| 9.3 | WBC X10 ³ |
| 72 | NEUT % |
| | BAND % |
| 24 | LYMPH % |
| 1 | EOS % |
| 1 | BAZO % |
| 2 | MONOS % |
| | PLATELET X10 ³ |

ENCLOSURE 2att

(Continue in item 73)

| | | |
|---|--|---|
| 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.) | | REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
<i>Exam Type 3</i>
<i>Class-1</i>
<i>No defects noted</i> |
| O—Restorable teeth
I—Nonrestorable teeth
X—Missing teeth
XXX—Replaced by dentures
(6 X 8)—Fixed bridge, brackets to include abutments | | |
| R 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 L
I 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 E | | |
| | | |

| | | | |
|--|--|---|--|
| 45. URINALYSIS: A. SPECIFIC GRAVITY <i>1.014</i> | | 46. CHEST X-RAY (Place, date, film number and result)
<i>22860- See Report</i> | |
| B. ALBUMIN <i>neg</i> | | D. MICROSCOPIC <i>Eos neg</i> | |
| C. SUGAR <i>neg</i> | | 47. SEROLOGIC (Type and Rh factor)
<i>neg</i> | |
| 48. EKG <i>WNL</i> | | 49. BLOOD TYPE AND RH FACTOR | |
| | | 50. OTHER TESTS | |

PK

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | |
|---|----------------------|---|---------------|--|----------------|-------------------------|-------------------|---------------------------|--------------|--------------------------|
| 51. HEIGHT
5' 9" 1/2 | | 52. WEIGHT
140 | | 53. COLOR HAIR
gray | | 54. COLOR EYES
brown | | 55. BUILD:
(Check one) | | 56. TEMPERATURE |
| 57. BLOOD PRESSURE (Arm at heart level) | | 58. PULSE (Arm at heart level) | | | | | | | | |
| A. SITTING | SYS. 120
DIAS. 84 | B. RECUMBENT | SYS.
DIAS. | C. STANDING (3 min.) | SYS.
DIAS. | A. SITTING | B. AFTER EXERCISE | C. 2 MIN. AFTER | D. RECUMBENT | E. AFTER STANDING 3 MIN. |
| 59. DISTANT VISION | | 60. REFRACTION | | 61. NEAR VISION | | | | | | |
| RIGHT 20/15 CORR. TO 20/ | | BY S. CX | | 62M CORR. TO | | | | | | BY |
| LEFT 20/20 CORR. TO 20/ | | BY S. CX | | 62M CORR. TO | | | | | | BY |
| 62. HETEROPHORIA (Specify distance) | | | | | | | | | | |
| ES° | EX° | R. H. | L. H. | PRISM DIV. | PRISM CONV. CT | PC | PD | | | |
| 63. ACCOMMODATION | | 64. COLOR VISION (Test used and result) | | 65. DEPTH PERCEPTION (Test used and score) | | UNCORRECTED | | | | |
| RIGHT LEFT | | DIP-16/16 | | | | CORRECTED | | | | |
| 66. FIELD OF VISION | | 67. NIGHT VISION (Test used and score) | | 68. RED LENS TEST | | 69. INTRAOCULAR TENSION | | | | |
| 70. HEARING | | 71. AUDIOMETER | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | | | | | | |
| RIGHT WV 15 /15 SV 15 /15 | | 250 256 500 618 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192 | | | | | | | | |
| LEFT WV 15 /15 SV 15 /15 | | RIGHT | | | | | | | | |
| | | LEFT | | | | | | | | |

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

No significant interval history

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

Plc

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

Cox
Last

Paul
First

L.
Middle

The following portions of the attached examination report form need not be completed:

| | | | |
|---|----|----|----|
| 2 | 9 | 62 | 69 |
| 3 | 11 | 65 | 72 |
| 4 | 14 | 67 | 76 |
| 8 | 17 | 68 | |

46. Is necessary unless facilities for affording same are not readily available.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

49. Is necessary unless facilities for affording same are not readily available.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____

Desirable Weight Ranges for Males

| Height | Small Frame | Medium Frame | Large Frame |
|--------|-------------|--------------|-------------|
| 5'4" | 117 - 125 | 123 - 135 | 131 - 148 |
| 5'5" | 120 - 129 | 126 - 139 | 134 - 152 |
| 5'6" | 124 - 133 | 130 - 143 | 138 - 157 |
| 5'7" | 128 - 137 | 134 - 148 | 143 - 162 |
| 5'8" | 132 - 141 | 138 - 152 | 147 - 166 |
| 5'9" | 136 - 146 | 142 - 156 | 151 - 170 |
| 5'10" | 140 - 150 | 146 - 161 | 155 - 175 |
| 5'11" | 144 - 154 | 150 - 166 | 160 - 180 |
| 6' | 148 - 158 | 154 - 171 | 164 - 185 |
| 6'1" | 152 - 163 | 158 - 176 | 169 - 190 |
| 6'2" | 156 - 167 | 163 - 181 | 174 - 195 |
| 6'3" | 160 - 171 | 168 - 186 | 178 - 200 |
| 6'4" | 169 - 180 | 178 - 196 | 188 - 210 |
| 6'5" | 174 - 185 | 182 - 202 | 192 - 216 |

4. Examinee's frame is ☐ small ☐ medium ☒ large.

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds.
☐ gain _____ pounds

Remarks: _____

REC'D ADMIN. DIV.

OCT 26 3 45 PM '67

Signature of Medical Examiner

Date

August 9, 1967

Paul L. Cox

Mr. William C. Sullivan
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Sullivan:

I want to commend, through you, the personnel in your Division for their splendid efforts in connection with information which was presented to the President's National Advisory Commission on Civil Disorders.

Through their spirit of enthusiasm and willingness to get the job done without regard to personal convenience, a great deal of necessary research was accomplished in a short time. Please convey to them my deep gratitude for their effective teamwork.

Sincerely yours,

1 - Mr. Sullivan (Personal Attention)

Copy of this letter is being placed in files of appropriate personnel.

b6
b7C

1 - (Sent Direct)
LDH:klb (52)

Based on memo Sizoo to Sullivan 8-3-67 re Brief Prepared by Domestic Intelligence Division for the Director's Testimony Before the President's National Advisory Commission on Civil Disorders.

Copies prepared and attached for placing in personnel files of: (OVER)

8.

TELETYPE UNIT

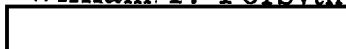
Mr. William C. Sullivan
FBI, Washington, D. C.



James F. Bland
Paul L. Cox



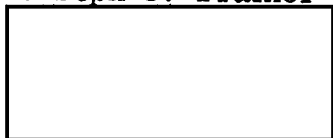
William T. Forsyth



Robert M. Horner
John A. Jackson

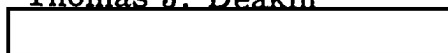


Joseph C. Trainor



b6
b7C

Thomas J. Deakin



Charles D. Brennan



b6
b7C

Russell S. Garner
John E. Keating
Donald E. Moore
Joseph A. Sizoo
Cletis W. Blake



b6
b7C

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE

COX PAUL L

SOCIAL SECURITY NUMBER

314-46-7411

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION

☒ X

892 - QUALITY INCREASE

☐

893 - WITHIN GRADE INCREASE

☐

894 - PAY ADJUSTMENT

☐

896 - ADMIN. PAY INCREASE

☐

897 - ADMIN. PAY DECREASE

☐

OTHER (SPECIFY IN REMARKS)

EFFECTIVE DATE

5/ 7/67

DATE OF LAST EQUIV. INCR.

GRADE OR LEVEL

STEP OR RATE

OLD SALARY

NEW SALARY

GS-15

STEP 8

\$21,192.00

\$21,799.00

DATA ON UNPAID ABSENCE

PERIOD(S)

TOTAL EXCESS

IN PAY STATUS AT END OF WAITING PERIOD

INITIALS

YES

☒ X

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
14 MAY 16 1967

J. Edgar Hoover

JOHN EDGAR HOOVER
DIRECTOR

5/ 1/67

(DATE)

PERSONNEL FILE COPY

RETIREMENT INFORMATION

Name: **Mr. Paul L. Cox**Date: **4-5-68**

APPLICATION

- ☐ The "Application for Retirement" will be forwarded by the Bureau to the Civil Service Commission (CSC) for approval.
- ☒ The enclosed "Application for Retirement" should be executed (or changed as indicated below) and promptly returned to the Bureau for forwarding to the Civil Service Commission (CSC) for approval. The information sheet attached to the application is for your records and you should detach it before sending in the application.

DEPOSIT OR REDEPOSIT

Making either a deposit or redeposit is optional. Such amounts are paid directly by you to CSC; therefore, it is possible that you have already made the deposit or redeposit indicated below without the Bureau's knowledge, having dealt directly with CSC. If so, you may ignore this matter now. If not, after a review of the approximate annuity figures shown below, should you decide to make a deposit or redeposit, you should request Bureau to forward Standard Form 2803 to you. This form should be returned to the Bureau.

- ☒ Not applicable.
- ☐ The deposit you may owe is a payment to the retirement fund to cover a period of service during which no retirement deductions were withheld from salary. Credit is given for service not covered by deductions; however, if the deposit is not paid, your annuity will be reduced each year by 10% of the amount due as deposit. The amount you may owe is approximately \$ _____.
- ☐ The redeposit you may owe is a payment to the retirement fund to cover a period of service for which retirement deductions were withheld from your salary but later refunded to you following your separation from civilian employment. No credit is allowed in the computation of annuity for the period of service covered by the refund unless redeposit is made. The amount you may owe is approximately \$ _____.

ANNUITY

Annuities are computed on full months of service. The estimated annuity below is based on your ☒ Bureau service, ☐ other civilian Government service and/or ☐ military service known to us, totalling 26 years, 11 months and 15 days. CSC makes the official computations and determines whether prior service is creditable, advising you direct the exact amount of your annuity. The figures below are only estimates, and they do not take account of deduction for health insurance coverage. You should receive the first annuity check about 2 months after separating from the Bureau's rolls.

TYPES OF ANNUITY

Married applicants only:

| | With
Deposit | Without
Deposit | With
Redeposit | Without
Redeposit | With Deposit
& Redeposit |
|--|-----------------|--------------------|-------------------|----------------------|-----------------------------|
| ☒ Reduced Type of Annuity with benefit to Widow or Widower | \$ <u>838</u> | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| ☒ Annuity Without Survivor Benefit | \$ <u>905</u> | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Unmarried applicants only
(Including Widowed or Divorced)

| | | | | | |
|---|----------|----------|----------|----------|----------|
| ☐ Annuity without Survivor Benefit | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| ☐ Reduced Annuity with Benefit to Person having an Insurable Interest | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| ☐ Survivor Annuity (55% of all or whatever portion of your earned annuity you specify) plus annuity for each eligible child. | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

SEPARATION FROM ROLLS

Since you ☒ will cease active duty ☐ ceased active duty on 4-17-68, your annuity will commence 4-27-68 immediately following the 4-26-68 expiration of current accrued annual leave on 4-26-68 earned through 4-19-68. Item B4 on application ☐ changed to ☒ should be changed to close of business 4-26-68. If annual leave was or will be used by you subsequent to _____, this date will change and the Bureau should be immediately advised.

- ☐ If retirement is for disability, separation takes effect after the approval of CSC is received by the Bureau or after the expiration of accrued sick leave, whichever occurs later. Under Internal Revenue Service regulations, some sick pay and disability income is not taxable; thus, you may be able to exclude from Federal income tax liability all or a part of the payments you receive for sick leave used and for annuity received as a disability annuitant. Any such exemption would terminate when you reach normal retirement age. Questions you may have as an annuitant regarding your income tax liability or privileges can be answered by the Internal Revenue Service.

- ☒ You will receive a lump-sum payment for your accumulated annual leave in the approximate amount of \$ 6275. A deduction for Federal income tax has been made from this estimate.

*The above estimates include the cost-of-living increase of 3.9% effective 5-1-68.

ENCLOSURE

67-267288-182

3/klb

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

- ☐ Records show you elected Optional Insurance of \$10,000 and have Regular Insurance of \$ _____.
- ☒ Records show you declined Optional Insurance but are covered by Regular Insurance of \$ 25,000.
- ☐ Records show you waived both Regular and Optional Insurance.

You may continue your group life insurance coverage following retirement or convert such insurance to an individual life insurance policy without being required to undergo a physical examination. Conversion to an individual life insurance policy necessitates paying the usual premium for a person of your age and class of risk. If you decide to convert, the Bureau should be immediately advised. Otherwise, SF-56; "Agency Certification of Insurance Status," will be forwarded to CSC and a copy sent to you. If you elect to continue Regular Insurance coverage, such protection will continue premium free until you reach age 65. At that time coverage will be reduced 75% (at 2% per month) by the time you reach age 68 years and 2 months. The remaining 25% is also premium free for the remainder of life. Optional Insurance of \$10,000, if continued after retirement, will be at full premium cost until you reach age 65. Thereafter, it is cost free for the remainder of life and commencing at age 65 it will be reduced 75% at the same rate as Regular Insurance. The premium cost for Optional Insurance for all employees up to age 34 is \$78 per year, from age 35 through 54 it is \$156 per year, and from age 55 to age 65, the cost increases to \$520 per year. Optional Insurance coverage may be waived at any time by notifying CSC and you may still keep your Regular Insurance. Following retirement, double indemnity benefits concerning accidental death and dismemberment no longer exist for either Regular and Optional Insurance.

DESIGNATION OF BENEFICIARY, STANDARD FORM 54, FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

Designation filed:

- ☒ No, but not necessary as beneficiary will be in order of precedence used by United States Government, i.e., (1) widow or widower, (2) children, (3) parents, etc.
- ☐ Yes; beneficiary designated as _____.
- This designation is being forwarded to CSC and it will remain valid unless changed or canceled. Contact CSC for any change desired following retirement.

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

- ☐ Records show you elected not to enroll.
- ☒ Records show you enrolled in the following plan:
- ☐ Government-wide Service Benefit Plan (Blue Cross - Blue Shield)
 - ☐ Government-wide Indemnity Benefit Plan (Aetna Life Insurance Company)
 - ☐ Comprehensive Medical Plan
 - ☒ Special Agents Mutual Benefit Association (SAMBA)

Note: The life insurance you have under this plan will continue in force for 6 months following your last semi-annual premium payment. If you desire to continue the protection beyond this time, you may do so without a physical examination. You may elect to continue up to age 70 at group rates a specific amount of your SAMBA Life Insurance. If you presently carry \$3,000 of life insurance with SAMBA, you may continue \$1,000 after you retire at a cost of \$2.25 semiannually. If you presently carry \$7,000 to \$11,000, you may continue \$3,000 at a cost of \$11.25 semiannually. If you presently carry \$11,000 or over, you may continue \$6,000 at a cost of \$27.45 semiannually. The life insurance that cannot be continued with SAMBA can be converted to a regular policy with Prudential. At age 70 you may convert the amount of life insurance carried with SAMBA to a regular policy with Prudential.

Your desire in respect to your SAMBA life insurance at retirement should be communicated in writing to SAMBA 1720 Massachusetts Avenue, Northwest, Washington, D. C. 20036. If you have Dependents Group Life Insurance, this will continue until the next semiannual premium is due (1-10 or 7-10), with a 31-day grace period. You may convert the insurance on your spouse to an individual policy with The Prudential Insurance Company of America without a medical examination. The premium will be the same as if your spouse applied for an individual policy at that time. You may make the necessary conversion arrangements through the nearest Prudential Office.

Unless you cancel your present enrollment, you will remain under your health benefits plan after retirement, and your enrollment will be transferred to CSC. The cost of your share of the plan will be deducted from your annuity by CSC.

Enrollment of an employee who dies while he is enrolled "for self and family" continues for his family if at least one family member is entitled to an annuity as the survivor. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to "self."

The original of Standard Form 2810, "Notice of Change in Enrollment Status," will be forwarded to you by the Bureau at a later date.

SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI)

If you are a member of SATI, after your retirement you may continue but not increase coverage up to a maximum of \$25,000 at the rate of \$2.25 per thousand. If you have coverage on your wife and children, it will continue only until the next premium is due, and cannot be renewed. Further information on SATI can be secured by writing Wright and Co., 1001 Connecticut Avenue, Northwest, Washington, D. C. 20036.

ENCLOSURES

- ☒ Standard Form 2801, "Application for Retirement"
- ☒ Standard Form 8, "Notice to Federal Employee About Unemployment Compensation"
- ☒ Pamphlet, "Your Retirement System."
- ☐ Standard Form 2801-B, "Physician's Statement," for disability retirement.

REC-135

April 5, 1968

PERSONAL

Mr. Paul L. Cox
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Cox:

I have your letter of April 2, 1968,
requesting retirement and am sorry to see you leave
our organization.

Let me take this opportunity to express
my appreciation for the high quality of your service to
the Bureau over so long a period. You can be proud of
your record of achievement as your contributions have
been many and significant.

The kind comments and offer of future
help are certainly thoughtful. I hope that Mrs. Cox
and you will find the years ahead to be filled with
happiness.

WEC:kib
(8) Sincerely,
J. Edgar Hoover

- 1 - [redacted]
- 1 - Voucher-Statistical Section (Sent Direct)
- 1 - [redacted] (Last physical on 10-11-67)
- 1 - [redacted] --SA Cox's cease active duty date is 4-17-68. Place on Special Correspondents' List. Forwarding address: 2101 Ingraham Street, Hyattsville, Maryland 20782.
- 1 - Mr. Sullivan (Personal Attention)(Enclosure) There is attached a copy of Form 3-496 for your information. SA Cox will be interviewed in the Personnel Section and provided with pertinent retirement information. - Don use 1/4.

NOTE: SA Cox is qualified by age and service for retirement under liberalized provisions of the Civil Service Retirement Act. He is assigned as an Agent, Domestic Intelligence Division, GS-15, \$22,695 per annum.

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐

TELETYPE UNIT ☐

APR 12 1968

JBA
Hag

| | |
|--------------|---|
| Mr. Tolson | ✓ |
| Mr. DeLoach | ✓ |
| Mr. Mohr | ✓ |
| Mr. Bishop | ✓ |
| Mr. Casper | ✓ |
| Mr. Callahan | ✓ |
| Mr. Conrad | ✓ |
| Mr. Felt | ✓ |
| Mr. Gale | ✓ |
| Mr. Rosen | ✓ |
| Mr. Sullivan | ✓ |
| Mr. Tavel | ✓ |
| Mr. Trotter | ✓ |
| Tele. Room | ✓ |
| Miss Holmes | ✓ |
| Miss Gandy | ✓ |

April 2, 1968

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

I respectfully request your approval of my retirement to become effective at the close of business April 26, 1968.

After serving as a Special Agent for almost 27 years this decision is most difficult and it is with sincere regret that I find it necessary to submit this request.

During all my years as a Special Agent I have considered it a distinct privilege to work under your outstanding and dedicated leadership. Your long and devoted service to our country has been and will continue to be an inspiration not only to me but to the members of my family.

I want to assure you of my continued loyalty to you and the Bureau and if I ever can be of assistance to you in the future I will consider it a privilege to be called upon.

REC-132

67-207288-182

Mrs. Cox and I extend our best wishes to you for many more successful years as Director of the FBI and for a future of good health and happiness.

SEARCHED
SERIALIZED
INDEXED
FILED
APR 4 1968

Sincerely,

Paul L. Cox

Paul L. Cox, Special Agent
Domestic Intelligence Division

THREE

ack'd sent
4-5-68
wecl

TO: MR. C. D. DELORCH

DATE: 4/2/68

1 - Mr. W.C. Sullivan b6 n
b7C

FROM: MR. W. C. Sullivan

| | | |
|--|----------------------------|---|
| Name of Employee
PAUL L. COX | EOD Date
5-12-41 | Title
SPECIAL AGENT |
| Last Local Address 2101 Ingraham Street,
Hyattsville, Maryland 20782 | | Forwarding Address (include Zip Code, if known)
2101 Ingraham St., Hyattsville, Md. 20782 |
| Cease-active-duty Date (hour and last day physically at work)
5:30 p.m., 4/17/68 * | | Working Hours (include workweek if other than Monday - Friday)
9:00 a.m.-5:30 p.m. |
| Interview Conducted By (Signature) | | Title |

LEAVE DATA Leave category ☐ 4 ☐ 6 ☒ 8
Hours of accrued leave employee will have at close of business on cease-active-duty date. * **AL 739 SL 2307**
Hours of accrued annual leave carried over at beginning of current leave year. **AL 683**
If employee has been granted advanced leave, indicate number hours owed at close of cease-active-duty date. **AL SL**
(READ BEFORE INTERVIEWING) ***Retirement effective c.o.b. 4/26/68-on annual leave 4/18 through 4/26/68**

The exit interview, to be beneficial, must be conducted as promptly as possible after receipt of resignation. Where it involves a clerical employee, it shall be conducted by the Agent supervisor under whose jurisdiction the employee works. Where it involves a Special Agent, each SAC shall personally conduct the exit interview. In the absence of the SAC, the exit interview should then be conducted by the official in the field office who is acting for him. In every instance the exit interview form shall indicate the name of the official who actually conducted the interview and the form must be signed by him above in the space provided. There are to be no exceptions. The interview should be conducted in adequate privacy with adequate time. It should be designed to supplement resignation, to obtain real, motivating reason for resignation, to serve as basis for (1) information supplied by Bureau upon request by State-Unemployment Compensation Boards, (2) accurate analysis of turnover, (3) determining necessary or desirable organizational improvements, and (4) permitting a recorded recommendation regarding future reinstatement. Many times, an exit interview, properly and promptly conducted, results in saving a valuable employee. On involuntary separations, the exit interview is designed to record the reason and any pertinent comments, it being assumed the recommendation would be unfavorable for reinstatement.

REASONS GIVEN FOR SEPARATION (Check block applicable)

1. Military ☐
2. Other employment (Check both reason and type)
Reason:
☐ a. Promotional prospects or better salary
☐ b. Enter different field
☐ c. Vicinity of home
Type:
☐ a. Other Government employment
☐ b. Private industry
☐ c. Self-employment
3. Transfer ☐ failure to obtain ☐ unable to accept
4. Personal
☐ a. Living costs
☐ b. Transportation
☐ c. Poor health (self)
☐ d. Poor health (family)
☐ e. Marriage
☐ f. Maternity (See also item E)
☐ g. Attend school
☐ h. Change of residence (husband or family moving)
☐ i. Housewife or child care
5. Involuntary
☐ a. Dropped from rolls ☐ with prejudice ☐ without prejudice
☐ b. Resignation requested
☐ c. Dismissed with prejudice
6. Voluntary resignation accepted with prejudice ☐
7. Retirement ☒ optional (include liberalized) - give reason (poor health - wife)
☐ disability

8. Other (See Form 193-1 for instructions)

8-9-68
Record Check to
Arlington Senior Co
JAS-1600 x1234
Feb

67-NOT RECORDED-2

[Handwritten signature]

[Handwritten signature]

(over)

- 7
- A. 1. Did employee resign prior to expiration of any agreement made, such as in connection with initial appointment, special training, official transfer, foreign assignment, etc.? ☐ Yes ☒ No
2. Did employee violate terms under transfer agreement FD-384, FD-282, Foreign Assignment of Government Employees Training Act, FD-375? ☐ Yes ☒ No
3. If Seat of Government clerical employee, did employee resign within 100 days of entrance on duty? ☐ Yes ☒ No
4. If answer to either question 2 or 3 above is "yes":
a. ☐ Advised employee any money due being held in abeyance until determination is made as to any indebtedness.
b. ☐ Advised Bureau of resignation, Attention Voucher-Statistical Section on ☐ teletype ☐ radiogram ☐ telephone.
- B. Does employee have any specific suggestion for improving the organization? ☒ No ☐ Yes. If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)
- C. Has employee been cautioned about divulging confidential information acquired in job? ☒ Yes ☐ No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.
- D. All Government property, documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions: commendation, censure or promotion letters or copies of expense vouchers, etc.). ☐ Yes ☐ No Will be handled on cease duty date
- E. If employee is resigning for maternity purposes, appropriate block must be marked:
☐ Employee does not desire payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.
☐ Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.
☐ Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)
- F. Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? ☒ Yes ☐ No Was employee urged to satisfactorily pay his (her) just debts? ☒ Yes ☐ No
- G. Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)
- H. Has there been any substantial change in employee's work performance; record since submission of last performance rating? ☒ No ☐ Yes If "Yes" give current adjective rating and basis for change.
- I. Recommendations re reinstatement: ☒ Yes ☐ No (If No, explain why.)
- RECEIVED
FBI
APR 12 7 21 AM '68
VOUCHER STATISTICAL
SECTION

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

| | | | | |
|--------------------------------|---------|----------|----------------------------------|------------------------|
| NAME (last) | (first) | (middle) | DATE OF BIRTH (month, day, year) | SOCIAL SECURITY NUMBER |
| COX | PAUL | L. | SEPTEMBER 6, 1906 | 314 46 7411 |
| EMPLOYING DEPARTMENT OR AGENCY | | | LOCATION (City, State, ZIP Code) | |
| Department of Justice, FBI | | | Washington, D.C. 20535 | |

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance

☐
(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

☒
(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

☐
(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

Paul L. Cox

DATE

February 12, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

FEB 14 1968

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 14, 1968)
176-101

INSTRUCTIONS TO EMPLOYING AGENCY

1. **Who must file.**—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176-T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
2. **Automatic cancellation of previously filed waivers.**—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box C of SF 176-T, on or before that date.
3. **Employees failing to file.**—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box B, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
4. **Review of completed forms.**—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major discrepancy such as a mark in more than one box.
 (b) If the employee marked box A or box C, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:
 Office of Federal Employees' Group Life Insurance
 (Statistical Study)
 4 East 24th Street
 New York, New York 10010
 (c) If the employee marked box B, detach and destroy the stub.
5. **Date of receipt and effective date.**—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.
 (b) The effective date is determined from the table below.
6. **Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.
 (b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.
 (c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
7. **Use of SF 176-T.**—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

TABLE OF EFFECTIVE DATES

| DATE SF 176-T
RECEIVED BY
EMPLOYING OFFICE | EMPLOYEE'S DECISION | EFFECTIVE DATE
(IF NO WAIVER, SF 53, IN EFFECT) | |
|--|--|--|---|
| | | OF DECISION | OF DEDUCTIONS |
| On or before February 14, 1968. | Elects optional (in addition to regular) (box A). | Coverage effective February 14, 1968. | Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968. |
| | Declines optional (but not regular) (box B). | Declination effective February 14, 1968. | . |
| | Waives regular (so ineligible for optional) (box C). | Waiver effective last day of pay period in which February 14, 1968 falls. | Deductions stop last day of pay period in which February 14, 1968 falls. |
| After February 14 but not later than April 14, 1968. | Elects optional (in addition to regular) (box A). | Coverage effective on date of receipt. | Deductions begin 1st day of 1st pay period beginning on or after date of receipt. |
| | Declines optional (but not regular) (box B). | Declination effective on date of receipt, but employee loses automatic optional protection on February 14, 1968. | |
| | Cancels previously elected optional (but not regular) (box B). | Cancellation effective last day of pay period in which received. | Deductions for optional stop last day of pay period in which received. |
| | Waives regular (so ineligible for optional) (box C). | Waiver effective last day of pay period in which received. | Deductions stop last day of pay period in which received. |

- NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box C), A and B elections do not affect regular insurance effective dates.
2. An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional, but not regular, insurance.
3. An employee with an uncanceled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filing of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.
4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

TO : Mr. W. C. Sullivan

DATE: 4/8/68

FROM : J. A. Sizoo

SUBJECT: PAUL L. COX
NUMBER ONE MAN
RACIAL INTELLIGENCE SECTION, DID
COMMENDATION MATTER

I thought the Director might be interested in knowing of the very fine attitude displayed by SA Paul L. Cox in connection with his work over this past weekend although he had submitted his request for retirement and is scheduled to depart 4/26/68.

As Number One Man of the Racial Intelligence Section, which has had the tremendous responsibility for keeping the White House, Attorney General and the intelligence community advised of racial developments following the assassination of Martin Luther King, Mr. Cox's performance has been exemplary and he has been indispensable to the operations of the Division. He spent practically the entire weekend in the office assisting in the correlation and dissemination of the huge volume of data which has been received (well over 500 teletypes were received in a 48-hour period during the weekend).

Despite the fact that Mr. Cox had already submitted his retirement letter, his whole-hearted cooperation in connection with the operations of the Division has been in keeping with his performance over the years, a dedicated performance to the best interests of the Bureau.

While it is contemplated that another memorandum will be prepared advising of the over-all performance of personnel of the Domestic Intelligence Division, I did feel it was desirable to call specific attention to the contribution made by Mr. Cox under the circumstances and I believe the Director might want to send him a warm letter of appreciation.

RECOMMENDATION:

That this memorandum be called to the Director's attention so that an appropriate letter of commendation can be prepared if he deems it desirable.

JAS:mls, (7) Enclosure
1-Mr. DeLoach; 1-Mr. J. P. Mohr;
1-Mr. Callahan; 1-Mr. Sullivan;
1-Mr. G. C. Moore; 1-Mr. Sizoo

Appropriate letter attached.

REC-141

67-207288-183

Searched

Numbered

59